

Dental Screening Form

When the Kindergarten Health Assessment (KHA) Form is used to complete the NC Pre-K child's health assessment, a **dental screening** must also be completed (10A NCAC 09 .3005 Child Health Assessment). The child's health assessment must include a dental screening, which may be recorded on this form.

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| Child's Name: _____ |
| Birth date: ____/____/____ |
| Gender: Male Female |
| Parent or Guardian: _____ |
| Address: _____ |
| City: _____ |
| Phone number: _____ School/Pre-K: _____ |

Screener's Name _____ Screening Date ____/____/____

Organization/Practice Name _____

Phone number _____

Professional affiliation (please check one):

- ___ Dentist
- ___ Dental Hygienist
- ___ Physician
- ___ Physician Assistant
- ___ Registered Nurse
- ___ Other Health Professional: _____

Pattern of early childhood cavities:

- No cavities/decay present or no obvious problem
- Cavities/decay present or dental care needed (comment required)
- Referral for Urgent Care (comment required)

| |
|--|
| Comments: |
|--|

Signature _____

Date _____