

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.

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:
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Signature _____

Date _____