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:**

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

**Comments:**

__________________________________________________________

Signature__________________________________________ Date_______________________

NC Pre-Kindergarten Program April 21, 2016