

## 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.

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

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)

<b>Comments:</b>          
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**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_