1. Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. School/Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Patient Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. ID #♦: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ♦Each child’s ID # must be unique for that event; do not use duplicate ID #’s at any one event.

5. Sex: \_\_\_\_\_\_ (0 = Male, 1 = Female) 6. Grade: \_\_\_\_\_\_ (1, 2, 3, or 6) 7. DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Age: \_\_\_\_\_\_\_\_\_

9. Race/ethnicity (Check all that apply): \_\_\_\_White \_\_\_\_Black/African American \_\_\_\_Asian \_\_\_\_Hispanic
 \_\_\_\_American Indian/Alaska Native \_\_\_\_Native Hawaiian/Pacific Islander \_\_\_\_Other

10. Special health care needs: \_\_\_\_\_\_ (0 = No, 1 = Yes) 11. Medicaid/SCHIP status \_\_\_\_\_\_ (0=Medicaid, 1=SCHIP, 2=neither, 99=unknown)

**I. Screening – D** = decay, **F** = filled, **M** = missing, **S** = sealant present, **PS** = prescribe sealant,
 **RS** = recommend reseal, **no mark** = no treatment recommended

|  |  |  |  |  |
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| 2Comments: | 3 | 14 | 15 | Sealant Prescriber’s Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DateFluoride Prescriber’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |
|  |  |  |  |
|  |  |  |  |
| 31 | 30 | 19 | 18 |

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| --- | --- | --- | --- | --- | --- |
| 12. Untreated Cavities: 0 = No untreated cavities 1 = Untreated cavities present |  | 13. Caries Experience:  0 = No caries experience 1 = Caries experience |  | 14. Sealants Present: 0 = No sealants 1 = Sealants present |   |
| 15. Treatment Urgency: 0 = No obvious problem 1 = Early dental care 2 = Urgent care |  | 16. Referred for treatment: 0 = No 1 = Yes |   | 17. Decayed or filled teeth: a. 1st molars b. 2nd molars |
|  |  |  |  |  |

**II. Preventive Services -** Mark the teeth where sealants were placed with an **S**.

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| --- | --- | --- | --- | --- |
| 2Comments: | 3 | 14 | 15 | Provider’s SignatureDate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  |  |  |  |
| 31 | 30 | 19 | 18 |

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| --- | --- | --- |
| 18. Number of teeth sealed among: a. 1st molars b. 2nd molars c. other  | 19. Fluoride treatment received: 0 = none 1 = varnish 2 = gel/foam/rinse  |   |
|  |  |  |  |  |  |  |

**III. Follow-Up -** Mark teeth where sealants were retained with an **R**.

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| --- | --- | --- | --- | --- |
| 2Comments: | 3 | 14 | 15 | Evaluator’s SignatureDate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 31 | 30 | 19 | 18 |

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| 1. Number of teeth

 retaining a program  sealant: |  |  21. Subsequent visit for restorative treatment: 0 = No 1 = Yes 99 = Unknown, no follow-up performed by program |  |