Dental Screening Form

When the Health Assessment Transmittal Form issued by NCDPI is used to complete the NC Pre-K child’s health assessment, a separate dental screening must also be completed due to it not being included on the NCDPI form. Per NC Child Care Rule 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:

Signature_________________________________________ Date__________________

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