



## Early Childhood Caries Risk Assessment EHS up to Age 2



The following questions are designed to determine the overall risk of dental problems in your child. This assessment helps work toward establishing a dental home and providing continuing preventative care (including fluoride varnish and education).

Child's Name: \_\_\_\_\_

Post-Teeth date: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Child's age today: \_\_\_\_\_

Dentist the child uses: \_\_\_\_\_

Child's last dentist visit: \_\_\_\_\_

Yes	No	Unknown	Question:
2	0		Does your child have any early childhood caries?
2	0		Does your child have white spots on the teeth?
2	0		Does the mother (or primary care giver) have cavities?
2	0		Does your child use a bottle or sippy cup at bed time with anything other than water?
2	0		Does your child have pain, blisters or swelling of the gums?
2	0		Does your child eat sweetened snacks and drinks (including juice) more than twice a day?
0	2		Does an adult brush the child's teeth at least twice during the day?

**Remember:**

- Establish a dental home at age 12-24 months
- Dental exam every 6 months
- Topical fluoride every 6 months

Score: \_\_\_\_\_

- 0-4 points: Routine Care**
- 6+ points: Need for Care**
- Observed pain, swelling, bruising, or blisters: Refer to pediatrician for urgent care**

**Lesson One Checklist:**

- Tooth Eruption handout
- Referral Pediatric Dentist See Dental Providers section
- Copy of this assessment form to parent and one copy in child's file
- Baby Smiles assessment sticker, complete and place in file on S.O.A.P page
- Viewed *Lift the Lip* and chart
- New tooth brushes and toothpaste given: \_\_\_\_\_ EHS Parent \_\_\_\_\_ EHS Child

Parent Signature: \_\_\_\_\_

FE Signature \_\_\_\_\_

Date \_\_\_\_\_