



Early Childhood Caries Risk Assessment EHS/HS 2 1/2 –5



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: _____ (If more than 1 yr set new appt.)

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?
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 the child brush teeth with the help of an adult at least twice during the day ?

Remember:

- Establish a dental home as soon as possible
- Dental exam every 6 months including cleaning (prophylaxis) and x-ray bite wings
- Topical fluoride every 6 months

Score: _____

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

Lesson One Checklist:

- Tooth Eruption handout
- Referral Pediatric Dentist See Dental Providers section
- Tooth brushing and flossing chart
- Copy of this assessment form to parent and one copy in child's file
- Viewed *Lift the Lip* and chart and *Delta Dental* DVD
- New tooth brushes and toothpaste given: _____ EHS Parent _____ EHS Child

Parent Signature: _____

FE Signature _____

Date _____