COMMUNITY HEALTH NETWORK

SAN FRANCISCO GENERAL HOSPITAL
MEDICAL CENTER

FAMILY HEALTH CENTER
PEDIATRIC ORAL HEALTH SCREENING PROGRESS NOTE

NAME

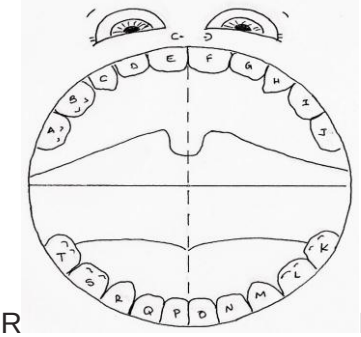
DOB

MRN

PCP

Patient ID / Addressograph

Chief complaint or reason for referral- ☐**Initial** ☐**Follow-up**

Caries risk indicators – based on parent interview	**Y**	**N**	**Notes**
(a) Mother/ primary caregiver has had active dental decay in past 12 months			
(b) Older siblings with history of dental decay			
(c) Continual use of bottle containing beverages other than water/milk. Bottle use > 24months old.			
(d) Child sleeps with a bottle or nurses on demand			
(e) Frequent (greater 3x/day total) candy, carbohydrate snacks (junk food), soda, sugared beverages (including processed juice)			
(f) Medical Issues: 1. Saliva-reducing meds (asthma, seizure, hyperactivity etc.) 2. Developmental problems etc. 3. H/O anemia or Fe+ Rx			
Protective factors – based on parent interview	**Y**	**N**	**Notes**
(a) Child lives in fluoridated community AND drinks tap water daily			
(b) Teeth cleaned with fluoridated toothpaste (pea size) daily			
(c) Child has a dental home and regular dental care			
Oral examination	**Y**	**N**	
(a) Obvious white spots (decalcifications), or obvious decay present on the child's teeth: NOTE ON DIAGRAM →			
(b) Plaque is obvious on the teeth and/or gums bleed easily			
ECC (Early Childhood Caries) Diagnosis: ☐No visible ECC (V72.2) ☐Non-cavitated ECC (521.01) ☐Cavitated ECC (521.02, 521.03)			

Assessment: Child's caries risk status *(any checked item in shaded areas confers **high** risk)*:

☐**LOW** ☐**HIGH**

Plan: ☐**Health education handouts**
☐**Self Management Goals 1.**_____

2._____

☐**Dispense toothpaste and toothbrush**
☐**Prophy/ fluoride varnish**
☐**FHC Oral Health Clinic follow-up appointment (high risk)** _____ **months**
☐**Urgent outside dental referral (high risk, needs tracking)**
☐**Routine dental referral for dental home (all others)**

Signature of Rendering Provider: _____ **Name:** _____**CHN #** _____

08/15/06

Supervising Attending: _____CHN # _____ Date of Service: _____