Ohio School Health History

Oral Assessment

School _____

Enrolled _____

Child's Name	Gender	Age	Birthdate
	☐ Male ☐ Female		

The following services have been performed:

- ☐ Examination by dentist
- ☐ Dental sealants
- ☐ Oral Prophylaxis (cleaning)
- ☐ Orthodontic assessment
- ☐ Radiographs
- ☐ Diagnosis
- ☐ Oral screening
- ☐ Fluoride Application
- ☐ Prescription for fluoride supplements

The following oral hygiene instruction was provided:

- ☐ Toothbrushing
- ☐ Flossing
- ☐ Diet counseling related to dental health
- ☐ Home/school use of fluoride mouth rinse

The following statements are applicable:

- ☐ No apparent care needed at this time.
- ☐ All necessary preventive services have been performed. (Fluoride treatment, prophylaxis)
- ☐ No restorative services are required at this time.
- ☐ Further treatment is indicated. (See comments)
- ☐ Further appointments have been arranged. (ex. Orthodontic, restorative)

Comments:

Examiner's Signature _____ Date Signed _____

Examiner's Printed Name _____

Address _____

_____

Phone _____