



Lewis County Schools

239 Court Avenue
Weston West Virginia 26452
Telephone: (304) 269-8300
Fax: (304) 269-8305

Oral Health Form—Children

Patient Information

Child's name _____

Child's date of birth _____

This practice is the child's dental home: Yes No

Current Oral Health Status

Does the child have any teeth with untreated decay? Yes (decay) No (decay free)

Does the child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions? Yes No

Are there treatment needs? Yes, urgent Yes, not urgent No treatment needs

Oral Health Care Services Delivered During Visit

Diagnostic/Preventive Services Counseling/Anticipatory Guidance Restorative/Emergency Care

Examination:	Yes	No	Yes	No	Fillings:	Yes	No
X-rays:	Yes	No			Crowns:	Yes	No
Risk assessment:	Yes	No	Referral to Specialty Care		Extractions:	Yes	No
Cleaning:	Yes	No	Yes	No	Emergency care:	Yes	No
Fluoride varnish:	Yes	No					
Dental sealants:	Yes	No	(Please specify specialist)		(Please specify)		

Future Oral Health Care Services

All treatment completed: Yes No

Next recall date: ____ / ____ (month/year)

More appointments needed for treatment? Yes No

If yes: Approximate number of appointments needed: ____ Next appointment: Date: ____ Time: ____

Additional Information for Parents, Lewis County Board of Education, Head Start Staff, and Medical Providers

Oral Health Provider's Contact Information and Signature

Provider name (please print) _____

Phone number _____

Fax number _____

Practice name _____

Address _____

Provider signature _____

Date of service _____