

# Child Dental Form

## Child information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Sex: \_\_\_\_\_ (M/F) County: \_\_\_\_\_ Zip code: \_\_\_\_\_ Grade: \_\_\_\_\_

### Race:

- American Indian /Alaska Native
- Asian
- Black/ African American
- Native Hawaiian / Other Pacific Islander
- White
- Multi-Racial
- Unknown

### Ethnicity:

- Hispanic
- Non-Hispanic

## Current Oral Health Status:

Untreated Caries: \_\_\_\_\_ (Y / N)

Treated Decay: \_\_\_\_\_ (Y / N)

Sealants on Primary Molars: \_\_\_\_\_ (Y / N)

Sealants on Permanent Molars: \_\_\_\_\_ (Y / N)

Urgency of Dental Care (check one):  None  Early  Urgent

## Findings and Treatment Recommendations:

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\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date:



MISSISSIPPI  
STATE DEPARTMENT OF HEALTH