



Dental Screening Form

When the Kindergarten Health Assessment (KHA) Form is used to complete the NC Pre-K child's health assessment, a **dental screening** must also be completed (10A NCAC 09 .3005 Child Health Assessment). The child's health assessment must include a dental screening, which may be recorded on this form.

Child's Name: _____	
Birth date: ____/____/____	
Gender: Male	Female
Parent or Guardian: _____	
Address: _____	
City: _____	
Phone number: _____	School/Pre-K: _____

Screener's Name _____ Screening

Date ____/____/____

Organization/Practice Name _____

Phone number _____

Professional affiliation (please check one):

- ☐ Dentist
☐ Dental Hygienist
☐ Physician
☐ Physician Assistant
☐ Registered Nurse
☐ Other Health Professional: _____

Pattern of early childhood cavities:

- ☐ No cavities/decay present or no obvious problem
- ☐ Cavities/decay present or dental care needed (comment required)
- ☐ Referral for Urgent Care (comment required)

Comments:

Signature _____

Date _____