	ILD REALIR RECORD:			FUNIV	1 5, DEN	TAL HEALT	
	CHILD'S NAME:	Picates	SEX:_				
. AT	HEAD START CENTER:		PHON	NE:	·.		
ETE EV	ADDRESS:						
(COMPLETE INTERVIEW)	Fluoride Supplement diet? NoUnknownYes (tablets, liquid)		2. DOES THE CHILD HAVE ANY TROUBLE WITH TEETH, GUMS, OR MOUTH THAN THE PARENT KNOWS ABOUT?				
	CHILD (HAS,HAS NOT) PREV Dentist's name		7. SOURCE OF REII		ENT OR SER	VICES	
PART I. TO BE COMPLETED BY HEAD START STAFF	4. CHILD (IS,IS NOT) UNDER A Physician's name	PHYSICIAN'S CARE.	☐ EPSDT/Medica ☐ Federal, State		Agency		
STA	5. CHILD (IS,IS NOT) RECEIVING	IG MEDICATION.	☐ Head Start				
S	Type6. CHILD IS REPORTED TO HAVE (Give	details or attach Health	☐ In-kind Provide☐ Parents/Guard	dians .			
STA	History, Form 2A). YES NO	YES NO Liver Dis.	☐ Other (3rd Par	☐ Other (3rd Party)			
	Asthma R	Rheumatic Fever	☐ A. Needs Atte	ention Imme			
듣用	Diabetes C	Sickle Cell Dis Other (List Below)	☐ B. Needs Atte ☐ C. Needs Rou				
₹ }	Epilepsy Heart/Vascular Dis						
	9. ORAL CONDITIONS BEFORE 10. EXAMINATION AND TREATMENT RECORD (List recommended services in order). TREATMENT: missing (1887),						
	decayed (), or filled (); Indicate restorations						
	you perform in Item 10.	Tooth Description # or Surfaces of Work Letter	Approved	Date Service Performed	A.D.A. Procedure Number	Actual Charges (Fee)	
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/C	S LINGUAL M						
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DE	(A)(D)(D)(A)						
<u>}</u>	11. DENTAL NEEDS (Check one or more and return 3 copies to Head Start after first visit).						
	☐ A. TREATMENT (restoration, ☐ pulp therapy, extraction)	B. CLEANING	C. FLUORIE	DE			
E	☐ D. OTHER ☐	□ E. NO PROBLEMS					
COMPLETED	Approximate number of visits Approximate cost						
BE	12. CHILD ORAL HEALTH SUMMARY (Complete and return 2 copies to Head Start after final visit). All planned treatment (is,is not) complete. If not, explain here, as well as items checked.						
2		☐ c. Dietary problem(s)	☐ e. Harmful	oral habits	1		
ART II.	☐ b. Special home emphasis, ☐ oral hygiene I certify that I have completed the serv	☐ d. Developmental problem vice(s) listed in Part II, Item 10.	n(s) 🗆 f. Needs flu	luoride supp	plement		
2	exceed my usual and customary fees.			-			