



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 _____ Date of Birth _____

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:

Health Care Professional Signature _____ Date _____