## Detailed Child-Level Data Collection Form (complete one form per child)

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event (School/dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ (4 to 18 years)

ID[[1]](#footnote-1) #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Screening**

Chart for program use (**D** = decayed, **F** = filled, **M** = missing due to disease, **S** = sealant present, **PS** = prescribe sealant,
**RS** = recommend reseal, **no mark** = no treatment recommended)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 12 | 13 | 14 | 15 | 16 | Sealant Prescriber’s Signature/Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluoride Prescriber’s Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 32 | 31 | 30 | 29 | 28 | 21 | 20 | 19 | 18 | 17 |

## Comments:

**Data for SEALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sealants Present:No/Yes  | Untreated Decay: No/Yes | Treated Decay:No/Yes | Referral:NoneNot urgentUrgent | Number of decayed/filled 1st molars: (0 - 4)=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## **Preventive Services**

## **Chart for program use** (Mark with an “S” the teeth where sealants were placed)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 12 | 13 | 14 | 15 | 16 | Provider’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 32 | 31 | 30 | 29 | 28 | 21 | 20 | 19 | 18 | 17 |

##  Comments:

|  |  |  |
| --- | --- | --- |
| Number of 1st molarssealed:(0 - 4) =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Number of 2nd molars sealed: (0 - 4) =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Number of other permanent teeth sealed: (0 - 8) =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of primary teeth sealed:(0 - 8) =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fluoride varnish provided:No/Yes | Prophylaxes provided: No/Yes  |

**Data for SEALS**

## **Follow-Up**

## **Chart for program use** (Mark with an “R” teeth where sealants were retained)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 12 | 13 | 14 | 15 | 16 | Evaluator’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 32 | 31 | 30 | 29 | 28 | 21 | 20 | 19 | 18 | 17 |

## Comments:

 **Data for SEALS**

|  |  |
| --- | --- |
| Number of teeth with a retained sealant (0 – 8) |  |

1. Each child’s ID # must be unique for that event; do not use duplicate ID #’s at any one event. [↑](#footnote-ref-1)