

First Dental Home Visit Documentation (Must be kept in patient's file.)

Patient's Name: _____ Date of Visit: _____

Age (in months): _____ Parent/Guardian at Appointment: T Visit Component: _____

Visit Component	N	Comments/Observations
Review of Health History		
Review of Dental History		
Oral Health of Primary Caregiver		
Oral Evaluation		
Caries Risk Assessment		<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Toothbrush Prophylaxis or Prophylaxis		
Oral Hygiene Instruction with parent/caregiver		
Anticipatory Guidance (Must complete at least one topic per visit.)		
❖ Oral Health and Home Care		
❖ Oral Health of Primary Caregiver/Other Family Members		
❖ Development of mouth/teeth		
❖ Oral Habits		
❖ Diet/Nutrition		
❖ Fluoride Needs		
❖ Injury Prevention		
❖ Medications and Oral Health		

Please note: Abnormal findings should be documented in the patient's record.

- Fluoride varnish applied
- Referral made to: _____
- Dental Specialist _____
Name of Dental Specialist

Including this visit, how many times has the child had a First Dental Home visit in your office? _____

Parent/Guardian Signature _____ Date _____ Doctor Signature _____ Date _____

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

