

Parents: Please Fill Out Other Side

Connecticut Oral Health Screening Assessment Tool

Basic Information:																					
Child's Name:																					
School/Program & Location of Screening:																					
Date of Birth of Child:												Grade of Child:		Date of Screen:							
Client Medicaid ID #																					

Assessment (Choose <u>One</u> Item from Low, Moderate, or High Risk Categories per Question):		Low Risk Factors = 0	Moderate Risk Factors = 1	High Risk Factors = 10	Score: Put 0, 1 or 10	Record One Score per Question	
1	Dental/Orthodontic appliance present	Not Present	Present	N/A			
2	Saliva	Moist tissues, free flow	Dry, sticky tissue, little/no saliva	N/A			
3	Gingivitis	Not Present	Present	N/A			
4	Visible plaque	Not Present	Present	N/A			
5	Initial Assessment Only: Areas of tooth enamel demineralization, white spots	None	One	Multiple			
6	Subsequent Assessments Only: Are there new areas of tooth enamel demineralization, white spots since the last assessment?	No	Yes-One New	Yes-Multiple New			
7	Enamel defects, deep pits/fissures Non-cavitated lesions (< ½ mm)	None	One or more	N/A			
8	Carious lesions (> ½ mm)	None	One	Multiple			
9	Restorations	None	Present	Missing or Broken Restoration			
10	(check any that are present) __Pain __Soft Tissue lesion __Swelling __Trauma present	Not Present	N/A	Present			
D0601 - Score (0): low risk = low risk for the development of caries D0602 - Score (1-9): moderate risk = moderate risk for the development of caries D0603 - Score (10+): high risk = one high risk factor puts individual at high risk for development of caries						Total Score	
Billing Code:		D	0	6	0	(1, 2 or 3)	

Other Observations:

Provider: Keep a copy of this completed form in the patient's chart.

Parents: Please Fill Out This Side



Connecticut Oral Health Screening Notification Form

Dear Parent/Guardian,

The oral health of your child is important to us and we know it is important to you. We are the Connecticut Dental Health Partnership (CTDHP). CTDHP is the dental plan for people on HUSKY Health.

An oral health screening program is being offered to students in your child’s school/program/organization that will help find any oral health conditions in your child that may need your attention. A screening is not a dental exam and does not replace the need for your child to see a dentist twice a year. Your child should have a ‘dental home’, a place where they get regular dental care near where you live.

You will receive a report of the results of the screening along with any recommendations. The screening will be conducted by a dental hygienist who is trained to do it. He/she will work with you to make sure that your child is referred to a dentist in your area for any needed follow-up care.

Your child should brush and floss normally the morning of the screening. Please complete the information below and sign to show your consent. Return it to your school/program. If you have any questions, contact your school/program/organization or call, toll-free, **855- CT -DENTAL** (M-F 8:00 AM – 5:00 PM).

Thank you.

The Connecticut Dental Health Partnership

Child Last Name*:		First Name*:						
Dental Plan*:	<input type="checkbox"/> HUSKY <input type="checkbox"/> Other Dental Plan (print):							
HUSKY Client ID # (on insurance card)*:	0	0						
Does your child have any health problems that would impact a screening?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:								

Select One*:

- Yes, **I Consent** for my child to have an oral health screening.
- No, **I Do Not Consent** for my child to have an oral health screening.

Select One*:

- My child already has a dental home, a dentist that he/she sees on a regular basis.
- My child does not have a dental home, a dentist that he/she sees on a regular basis.

Signature of Parent/ Legal Guardian*:		Date:
Printed Name of Parent/ Legal Guardian*:		Phone:

*** Required**

If you have any questions, contact your school/program. If you have questions about HUSKY Health dental benefits call the Connecticut Dental Health Partnership toll-free, **855-CT-DENTAL** (M-F 8AM-5PM).