



Healthy Smiles for Children with Disabilities
Anderson Center for Dental Care
Children's Hospital and Health Center

SAMPLE

Assessment and Plan for Oral Health

Name: David DOB: _____ Date of Home Visit _____ Present at Home Visit
Parent: _____ Yes ___ No
Service Coordinator: _____ Yes ___ No
Other: _____ Yes ___ No
Anderson Center Staff: _____ Yes

FINDINGS AT HOME VISIT

1. Do you have any concerns about your child's oral health? Fights toothbrushing
2. Has your child ever been to the dentist? No
3. Have you or any of your children had cavities? Not sure; haven't been to the dentist for awhile
4. Do you have dental insurance? My child has Medical I don't have any insurance.
5. How are things going with toothbrushing? He won't let me brush; he just screams
6. Is your child using a bottle, sipper or open cup or breastfeeding? Sipper Cup and open cup
7. Is your child on any medications or pedi-assure? No
8. Has your pediatrician or dentist prescribed fluoride supplements? No
9. Does your child use a pacifier or suck his thumb/fingers? No
10. What foods does your child like for snacks? crackers, bananas, yogurt, cookies
11. Infant / toddler program or school? HOPE Infant Family Support Program Teacher: Miss S
12. Working with occupational or speech therapist? Yes, Occupational and Speech therapists

SCREENING RESULTS:

- | | | |
|---|--|---|
| <input type="checkbox"/> No obvious cavities | <input type="checkbox"/> Possible cavities, non urgent | <input checked="" type="checkbox"/> Possible cavities, Urgent |
| <input type="checkbox"/> White spots | <input type="checkbox"/> Healthy gums | <input type="checkbox"/> Inflamed gums |
| <input type="checkbox"/> Eruption within normal range | <input type="checkbox"/> Delayed eruption | <input type="checkbox"/> Other |

PLAN TO IMPROVE ORAL HEALTH:

1. Make appointment for David for a dental check-up right away. Ask dentist about fluoride prescription. (Provide 3 choices for providers; help family make call that day. Encourage Mom to not share foods, spoons or cups with David and have her teeth checked Also suggest that Mom chew gum with xylitol)
2. Mom will brush teeth for a few seconds in 2 areas morning and bedtime while David is on the couch. Sing while brushing. Praise after each area; ignore any negative behavior. Add 1 more area each week until brushing all 6 areas. Use a 2-sided toothbrush with a tiny pea-size of fluoride toothpaste.
3. Keep working on open cup
4. Use yogurt, bananas and cheese for snacks when possible. Save cookies for an occasional dessert.