CHILD HEAL	TH RECORD):					of part States	FOR	M 5, DEN	ITAL HI	EAL		
CHILD'S NAME:						SEX:BIRTHDATE:							
HEAD START	CENTER:					PF	ONE						
ADDRESS:		min Autorop part freiholdspille Austrianne											
NOW RECEI Topical Fluo Fluoridated Fluoride Sup	1. IS THE CHILD NOW RECEIVING: Topical Fluoride Application? Fluoridated water? Fluoride Supplement diet? (tablets, liquid) If "yes," include length of time receiving fluoride receiving fluoride NoUnknownYes Vos						2. DOES THE CHILD HAVE ANY TROUBLE WITH TEETH GUMS, OR MOUTH THAN THE PARENT KNOWS ABOUT?						
3. CHILD (HAS,HAS NOT) PREVIOUSLY SEEN A DENTIST. Dentist's nameDate last visit 4. CHILD (IS,IS NOT) UNDER A PHYSICIAN'S CARE.						7. SOURCE OF REIMBURSEMENT OR SERVICES ☐ EPSDT/Medicald ☐ Federal, State, or local Agency							
Physician's name													
5. CHILD (t Type 6. CHILD IS RE History, Fort	5. CHILD (IS,IS NOT) RECEIVING MEDICATION. Type						☐ Head Start ☐ In-kind Provider						
6. CHILD IS RE	6. CHILD IS REPORTED TO HAVE (Give details or attach Health History, Form 2A). YES NO YES NO						☐ Parents/Guardians ☐ Other (3rd Party)						
Affergies Liver Dis.						8. PRIORITY GROUP							
Bleeding	Asthma Rheumatic Fever Bleeding Sickle Cell Dis.						☐ A. Needs Attention Immediately ☐ B. Needs Attention Soon						
T Diabetes	Management and American Street, and American Street							e Care					
Heart/Vas	ular Dis	- watermanne						•					
TREATMENT		10. EXAM	INATIO	N AND TREATMEN	T RECO	RD (List re	comin	ended .	services in o	rdarj.			
you perform t		Footh # or Letter	Surfaces	Description of Work		Treatment Approved	Performed MO. DAY YR.		A.D.A. Procedure Number	Actual Charges (Fee)			
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	MENT (restoration erapy, extraction)	re and reti	CLEA	opies to Head Star NING ROBLEMS	t after II		RIDE						
				Approximate cost_									
12.CHILD ORAL HI All planned trea	ALTH SUMMARY	(Complete is not) con	and ret	turn 2 copies to He If not, explain here	ad Star	l after fina il as items	l visit	J. ked.					
□ a. Routing	recall visits	□ c.	Dietan	y problem(s)	Пе	Harmt	ul ora	al habits					
Db. Special oral hy	home emphasis, ilene	☐ d.	Develo	pmental problem(:	s) 🗆 f.	Needs	fluor	ide sup	plement				
exceed my usual	and customary for	es.		Signature			ye	3 do no	Date				
exceed my usual	and customary for	es.						_ 40 110					