

Oral Health Risk Assessment

For parents and caregivers of children 6 months to 3 years old.

Patient Name: _____ Date of Birth: _____ Today's Date: _____

As part of your visit today we will be talking about taking care of your child's teeth. Please answer the following questions so that we can work together to help your child have healthy teeth for the rest of their life.

Things that increase a child's risk of cavities.

Have you (the caregiver) had cavities in the past 12 months?

- YES
- NO
- NOT SURE

Things that protect a child from cavities.

Does your child have a dentist (if 12 months or older)?

- YES
- NO
- N/A

If yes, when was the last visit? _____

Do you (the caregiver) NOT have a dentist?

- YES - I do NOT have a dentist
- NO - I do have a dentist

Does your child get fluoride from one of these sources? (Check one)

- Town water with fluoride
- Well water with adequate fluoride
- Fluoride supplement
- Other
- Not sure
- None

Does your child have a bottle or sippy cup with milk or juice between meals (if over 12 months old)?

- YES
- NO
- N/A

Do you or your child use fluoride toothpaste when brushing?

- YES
- NO
- NOT SURE
- N/A

Does your child snack more than once in between meals (if over 12 months old)?

- YES
- NO
- NOT SURE
- N/A

If yes, what kind of snacks?

How many times per day are you brushing your child's teeth?

If your child has no teeth yet, have you started wiping your child's gums?

- YES
- NO
- N/A

Does your child have a disability?

- YES
- NO

If your child's teeth are touching, are you flossing their teeth?

- YES
- NO
- N/A

Any YES answer increases the risk of your child developing cavities.

Any YES answer protects your child from developing cavities.

Oral Health Goals for Patients and Caregivers

There are many ways that you can help your child form healthy dental habits at home. Choose 1 or more goals to work on from now until your child's next check up.

During your visit, please bring up any questions you have about caring for your child's teeth. After, take this sheet home and hang it somewhere visible, like on the fridge, to keep these goals in mind.

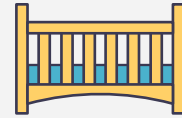
Reduce the amount of milk and juice your child drinks between meals. Try to give your child *only* water between meals.



Give your child healthy snacks between meals, like sliced apples and veggies.



Avoid putting your child to bed with a bottle.



If your child gets sweets or candy, give it in small amounts and brush their teeth afterwards.



Schedule regular dental visits starting at age one.



Brush your child's teeth two times a day—ideally after meals in the morning and right before bedtime.



Always brush with fluoride toothpaste.



Use a small smear for children under 3.



Use a pea-sized amount for children 3-6.

Once your child's teeth are touching, floss them daily.



If you don't have fluoride in your drinking water, give your child a fluoride supplement once daily.



List Your Questions

Use the space below to write down any questions or concerns you want to talk about.

Things to Remember

Take notes or write yourself reminders about your child's oral health.

Dentist Information

Your pediatrician can help you find a dentist who sees children and help you set-up an appointment.

Dentist Name:

Phone:

Next Appointment:

For more tips and tools to help improve your child's oral health habits, visit HealthVermont.gov/OralHealth.