

# ASSESSING THE RISK OF YOUR CHILD (Ages 0 – 5) FOR DENTAL DECAY

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH HISTORY

**Yes No**

Did the birthmother have any problems during pregnancy? .....

Was the child's birth weight low? .....

If yes, how much did he/she weigh? \_\_\_\_\_

Were there any complications at birth? \_\_\_\_\_

Has your child had any chronic or repeated illnesses? \_\_\_\_\_

Has your child taken any medications periodically or for long periods of time? \_\_\_\_\_

## DIET AND NUTRITION

Is/was your child breastfed? .....

If so, does your child breastfeed frequently during the day? .....

Does your child fall to sleep while breastfeeding? .....

Does your child sleep with a bottle? .....

Does your child drink from a cup? .....

Is your child on a special diet? .....

If yes, please explain: \_\_\_\_\_

Do you give juices or other sugary drinks to your child more than two times a day?

Does your child eat three or more snacks a day? .....

Do you regularly pre-taste or pre-chew your child's food? .....

Do you regularly share kitchen utensils, orally clean a pacifier or a bottle nipple? ..

What type of snacks do you give to your child? \_\_\_\_\_

## FLUORIDE ADEQUACY

Do you give tap water to your child? .....

Do you use a water conditioner or filtration system? .....

If yes, what type of filtration system? \_\_\_\_\_

Do you give bottled water to your child? .....

Does the bottled water contain fluoride? .....

Does your child take fluoride supplements? .....

If yes, please list: \_\_\_\_\_

Do you use fluoridated toothpaste for your child? .....

If yes, how much toothpaste do you use at each brushing: ● ○ ○

## ORAL HYGIENE

How old was your child when the first tooth erupted? \_\_\_\_\_

Do you clean your child's gums / tongue .....

Do you use a toothbrush to clean your child's teeth? .....

How many times a day do you brush for your child? \_\_\_\_\_

Do you floss your child's teeth? .....

## FAMILY HISTORY

Have the parents or caregivers had cavities treated recently? .....

When was the last dental visit for parents or caregivers? \_\_\_\_\_

Has either parent had gum disease? (bleeding gums).....

Does the patient have a brother or sister with cavities? .....

Doctor's comments: \_\_\_\_\_