CHILD DENTAL SERVICE Health 975 (Rev.2023)

EXAMINATION AND HISTORY CHART

Name …… Registration No:……

Home Address ……

……

School ……

Date of Birth ……

Consent received on (Date)…… Name of the parent/ guardian ……

Date of Examination	Class

EXAMINATION

3rd examination (Grade 7/12)														
2nd examination (Grade 4/10)														
1st examination (Grade 1/6)														
Preschool Examination														
	7	6	5 E	4 D	3 C	2 B	1 A	1 A	2 B	3 C	4 D	5 E	6	7
Preschool Examination														
1st examination (Grade 1/6)														
2nd examination (Grade 4/10)														
3rd examination (Grade 7/12)														

Index		Deciduous	Permanent
Healthy	=	A	0
Decayed	=	B	1
Filled with decay	=	C	2
Filled	=	D	3
Extracted due to caries	=	E	4
Extracted due to other	=		5
Fissure sealants	=	F	6
Unerupted	=		8
Trauma	=	T	T

	Present	Absent
White chalky appearance in anterior or posterior deciduous teeth		

DMFT SCORE

d / D	m / M	f / F	dmft / DMFT	
				Preschool Examination
				1st examination
				2nd examination
				3rd examination

Oral Hygiene Status using Plaque Score/ Index

√ Plaque present **× Plaque absent**

Labial/Buccal														
Palatal														
			E	D	C	B	A	A	B	C	D	E		
	7	6	5	4	3	2	1	1	2	3	4	5	6	7
Lingual														
Labial/Buccal														

ORAL HEALTH HABITS

Device/ Material used for brushing

	Toothbrush	Other
Preschool Examination		
1st examination		
2nd examination		
3rd examination		

	Fluoridated toothpaste	Non- Fluoridated toothpaste	Others
Preschool Examination			
1st examination			
2nd examination			
3rd examination			

Frequency of brushing

	Morning	After dinner	Other times	Total frequency
Preschool Examination				
1st examination				
2nd examination				
3rd examination				

Sugar consumption

	Low	High*
Preschool Examination		
1st examination		
2nd examination		
3rd examination		

* More than two snacks containing fermentable carbohydrates in between meals

FLUORIDE APPLICATION

Date of 1st application			
Date of 2nd application			
Findings after I year of 2nd application (Completion of Fluoride varnish therapy)	Caries present in primary molars (D+E or D/E)	Yes	No

Date	Description of treatment	Operator's signature	Inspected by