

FUTURE SMILES

Child-Level Data Collection Form

1. Program Name: **Future Smiles** 2. Event/Site Name: _____
3. Patient Name: First _____ Last _____
4. Student ID #: _____
5. Sex: _____ (0 = Male, 1 = Female) 6. Grade: _____ (0 = Kindergarten) 7. DOB: _____ 8. Age: _____
9. Race/ethnicity (Check all that apply): _____ White _____ Black/African American _____ Asian _____ Hispanic
 _____ American Indian/Alaska Native _____ Native Hawaiian/Pacific Islander _____ Other
10. Special health care needs: _____ (0 = No, 1 = Yes) 11. Medicaid/CHIP status _____ (0=Medicaid, 1=CHIP, 2=neither, 99=unknown)

I. Screening — **D** = decay, **F** = filled, **M** = missing (congenital/oral disease), **S** = sealant present,
PS = prescribe sealant, **RS** = recommend reseal, **no mark** = no treatment recommended

1	2	3	4	5	12	13	14	15	16	Sealant Prescriber's Signature _____
										Fluoride Prescriber's Signature _____
32	31	30	29	28	21	20	19	18	17	Date _____

#2, 3, 14, 15, 18, 19, 30, 31 – cell on left is for occlusal, cell on right is for lingual or buccal designation.

Oral Health Status _____ **Referred** _____

12. Untreated Cavities: 0 = No untreated cavities 1 = Untreated cavities present	13. Caries Experience: 0 = No caries experience 1 = Caries experience	14. Sealants Present: 0 = No sealants 1 = Sealants present
15. Treatment Urgency: 0 = No obvious problem 1 = Early dental care 2 = Urgent care	16. Referred for treatment: 0 = No 1 = Yes	17. Decayed or filled teeth: a. 1 st molars b. 2 nd molars <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 40px; height: 20px;"></div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div>

II. Preventive Services - Mark the teeth where sealants were placed with an **S**.

1	2	3	4	5	12	13	14	15	16	Provider's Signature _____
32	31	30	29	28	21	20	19	18	17	

18. Number of teeth sealed among: CDT: D1351 a. 1 st molars b. 2 nd molars c. other <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 40px; height: 40px;"></div><div style="border: 1px solid black; width: 40px; height: 40px;"></div><div style="border: 1px solid black; width: 40px; height: 40px;"></div></div>	19. Fluoride treatment received: 0 = none 1 = varnish CDT: D1206 2 = gel/foam/rinse CDT: D1204 19a. Child Prophylaxis received: CDT: D1120 YES _____ NO _____ Plaque _____ Calc _____ 0-none 1-light 2-moderate 3-heavy	Comments
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III. Follow-Up - Mark teeth where sealants were retained with an **R**.

1	2	3	4	5	12	13	14	15	16	Evaluator's Signature _____
32	31	30	29	28	21	20	19	18	17	

20. Number of teeth retaining a program sealant:	21. Subsequent visit for restorative treatment: 0 = No 1 = Yes 99 = Unknown, no follow-up performed by program
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