# DentaSeal Child-Level Data Collection Form

**Patient Name**:  **First** _____  **Last** _____  **Sex (circle one):**  Male   Female

**Grade:** _____  **DOB (mm/dd/yyyy):** ☐☐ / ☐☐ / ☐☐☐☐   **CYSHCN**(per consent form)**:** ☐ Yes   ☐ No

**Insurance (check one):** ☐ Medicaid/BadgerCare/Forward Health  ☐ Uninsured  ☐ Private insurance  ☐ Unknown

**Ethnicity (check one):** ☐ Hispanic   ☐ Non-Hispanic   ☐ unknown

**Race (check all the apply)** ☐ White   ☐ Black/African American   ☐ Asian   ☐ American Indian/Alaska Native
☐ Native Hawaiian/Pacific Islander   ☐ Unknown/Not available

## I. Screening – D = decay, F = filled, M = missing, S = sealant present, PS = prescribe sealant, PE = partially erupted
**RS** = recommend reseal, **no mark** = no treatment recommended

| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Sealant prescriber signature/date |
|---|---|---|---|---|---|---|---|----|----|----|----|----|----|---|
|   |   |   |   |   |   |   |   |    |    |    |    |    |    |   |
|   |   |   |   |   |   |   |   |    |    |    |    |    |    | Fluoride prescriber signature/date |
| 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 |   |

| Treatment Urgency | Referred for treatment: | Risk Assessment | Treatment notes |
|---|---|---|---|
| ☐ No obvious problem<br>☐ Early dental care<br>☐ Urgent care | ☐ No<br>☐ Yes | ☐ Incipient/cavitated lesion<br>☐ Inadequate Fluoride<br>☐ CYSHCN |   |

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

| 2 | 3 | 4 | 5 | 12 | 13 | 14 | 15 | Signature | Treatment notes |
|---|---|---|---|----|----|----|----|---|---|
|   |   |   |   |    |    |    |    |   |   |
|   |   |   |   |    |    |    |    | Date |   |
| 31 | 30 | 29 | 28 | 21 | 20 | 19 | 18 |   |   |

| Fluoride Treatment #1 (signature/date) | Fluoride Treatment #2 (signature/date) | Fluoride Treatment #3 (signature/date) | Fluoride Treatment #4(signature/date) |
|---|---|---|---|
|   |   |   |   |

## III. Follow-Up - Mark teeth where program sealants were retained with an R.

| 2 | 3 | 4 | 5 | 12 | 13 | 14 | 15 | Signature | Treatment notes |
|---|---|---|---|----|----|----|----|---|---|
|   |   |   |   |    |    |    |    |   |   |
|   |   |   |   |    |    |    |    | Date |   |
| 31 | 30 | 29 | 28 | 21 | 20 | 19 | 18 |   |   |

Has the student's past decay been treated by a DDS since their last visit?

☐ Yes   ☐ No   ☐ Unknown