

MDHHS-6067, KINDERGARTEN ORAL HEALTH ASSESSMENT

Michigan Department of Health and Human Services (MDHHS)

(New 8-23)

SECTION 1 – STUDENT INFORMATION

Child's Name (Last, First, Middle)	Date of Birth
Address (Number, Street, City, Zip Code)	Home/Cell Phone Number
Parent/Guardian Name (Last, First, Middle)	Parent/Guardian Email
School Name	

SECTION 2 – DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS

(Licensed dental professional must complete this section)

Date of Service	Type of Service	
	<input type="checkbox"/> Dental Exam	<input type="checkbox"/> Dental Assessment
Findings (Check all that apply)	Recommendations (Check one)	
<input type="checkbox"/> No findings	<input type="checkbox"/> Routine care	
<input type="checkbox"/> Treated decay	<input type="checkbox"/> Referral for dental treatment	
<input type="checkbox"/> Untreated decay	<input type="checkbox"/> Referral for urgent dental care	
Provider Type (Check one)	<input type="checkbox"/> Dentist	<input type="checkbox"/> Dental Therapist <input type="checkbox"/> Dental Hygienist
Provider Signature	Agency/Local Health Department	
Provider Name (Print)	Phone Number	

Additional Comments

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.