

# ProKids

## Building Blocks Dental Checklist

Date: \_\_\_\_\_  Court Entry given to current provider(s)

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Provider's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Building Blocks Dental Assessment</b>
Date: _____ Time: _____		
		White, chalky spots on teeth? Comments:
		Brown or gray spots on teeth? Comments:
		Parts of teeth missing? Comments:
		Toothbrushes & toothpaste in home? Comments:
		Suck thumb/use pacifer? Comments:
		Go to bed with bottle/sippy cup? Comments:
		Caregiver's oral hygiene? Comments:
Question for caregiver: what are you doing to take care of the child's teeth?		