

# ProKids

## Building Blocks Dental Checklist

Date: \_\_\_\_\_

*Court Entry given to current provider(s)*

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

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

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

		Building Blocks Dental Assessment	
✓ yes	✓ no		
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?			