Vancouver Coastal Health
Promoting wellness. Ensuring care.

NORTH COMMUNITY HEALTH OFFICE
#200-1651 COMMERCIAL DR. VANCOUVER
V5L 3Y3
Phone: 604.215.3935 **Fax**: 604.253.2460

Event Date: _____ **Location:** _____

Smile to Smile/Knee to Knee

Name: _____ **Paris ID:** _____
Address: _____ **DOB:** _____
Primary Contact: _____ **Gender:** _____
Daycare/Preschool: _____ **PHN:** _____

Event Outcome

- ☐ Absent (A)
- ☐ Absent - Refer to Clinic (ARC)
- ☐ Dissent (D)
- ☐ Dissent Follow-Up (DF)
- ☐ Discharge (DIS)
- ☐ Decay - No Follow-Up (DNFU)
- ☐ No Dental Follow-Up (NDF)
- ☐ Unable to Screen - Follow-Up (REFER)
- ☐ Clinic Referral
- ☐ Additional Team Referral
- Type: _____

Recall In: _____ Weeks: _____
Recall On: _____

Recall Event:
☒ Smile to Smile/Knee to Knee

Recall Centre: _____
Recall to Team: _____
Recall to Staff: _____

Providers: _____

Dental Screening:

- ☐ ND - No Visible Decay
- ☐ NDR - No Visible Decay Restored
- ☐ D1 - Visible Decay 1 Quad
- ☐ D2 - Visible Decay 2 Quads
- ☐ D3 - Visible Decay 3 Quads
- ☐ D4 - Visible Decay 4 Quads
- ☐ UND - Urgent. No Visible Decay
- ☐ UNDR - Urgent. No Visible Decay Restored
- ☐ UD1 - Urgent. Visible Decay 1 Quad
- ☐ UD2 - Urgent. Visible Decay 2 Quads
- ☐ UD3 - Urgent. Visible Decay 3 Quad
- ☐ UD4 - Urgent. Visible Decay 4 Quads
- ☐ Incipient Decay, White spot Lesion
- ☐ Anterior Decay Only (For Follow-Up Priority)

Needs 3 Fluoride Applications Within 10 Days
☐ Yes ☐ No

Needs Follow-Up by DA2
☐ Yes ☐ No

Dental Carries Assesment:	**Yes**	**No**
Does your child use a bottle?	☐	☐
Does your child sleep with a bottle that contains anything other than water?	☐	☐
Does your child carry a bottle or sip cup with anything other than water throughout the day?	☐	☐
Does your child breastfeed on demand throughout the night?	☐	☐
Does your child get their teeth brushed by a caregiver?	☐	☐
Does your child get their teeth brushed with flouride toothpaste twice daily?	☐	☐
Does your child snack frequently between meals?	☐	☐
Does your child frequently use liquid medicine that contains sugar?	☐	☐
Does your child use a soother dipped in sugary substances?	☐	☐
Was your child of low birth weight or born prematurely?	☐	☐
Are there family members with history of decay or untreated decay?	☐	☐

Comments: _____