

# Pre-remote oral health check-in questionnaire

Name of child/young person:

Date of birth:

Gender:  Male  Female

Questions	Details
1. Does the child/young person (CYP) have a dentist?	Yes No If yes, please provide name and address of dental practice: ..... .....
2. If yes to Q1, how often do they visit the dentist?	3 months 6 months Once a year Other: .....
3. When was the CYP's last visit to the dentist?	Date: ..... Unknown
4. Has the CYP ever had dental treatment in the past?	Yes No
5. If yes to Q4, what dental treatment was carried out? e.g. cleaning, fillings, teeth removed	Cleaning teeth Fillings Dental Extractions (teeth removed) Other, please specify .....
6. If yes to Q5, are you aware of how this treatment was carried out?	No anaesthetic Local anaesthetic (injections) Sedation General anaesthetic Unknown
7. How many times a day does the CYP brush their teeth? Does he/she require help for toothbrushing?	Once Twice Other: ..... With help Without help
8. Does the CYP use any special equipment to brush their teeth e.g. prescribed toothpaste or special toothbrush?	Yes No Unknown If yes, please specify .....
9. Does the CYP have a diet that is high in sugars? e.g. frequent snacking, sugary drinks	Yes No Details: ..... .....
10. Does the CYP have a special diet with input from a dietician?	Yes No Unknown Details: ..... .....
11. What was the outcome of the CYP's mouth check (i.e. risk of developing oral health problems)?	Red (high risk) Amber (medium risk) Green (low risk)
12. Please use this space to detail any additional findings from the mouth check including any recent behavioural changes which may indicate toothache:	Date of mouth check: ..... Details: ..... .....



13. How does the CYP communicate?

Verbal      Non-verbal

If non-verbal, any further details regarding communication tools used/ likes or dislikes:

.....  
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14. Are there any specific behavioural challenges that you would like the dental team to be aware of? e.g. any specific sounds, tastes, sights or sensations that the patient is sensitive to?

Yes      No

Details: .....  
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