

Qualitative assessment of co-operation of child?	Excellent Difficult but managed	Good	Fair Extremely difficult
Details:			
Are additional communication tools required? e.g. British Sign Language, Makaton, PECS	Yes	No	
Details:			
Dental risk rating?	Red (high risk)	Amber (medium risk)	Green (low risk)
Details:			
From the risk rating above, what remote oral health check-in recall period has been suggested?	Details:		
Is a face-to-face appointment required?	Yes	No	If no, why?
Details:			
If yes, what are the reasons for a face-to-face appointment/ when should this be/ what will be required	Details:		
If yes, which dental setting should the child/ young person be seen in? (please refer to 'Planning care following the Remote Oral Health check-in' resource for assistance)	<ul style="list-style-type: none"> General Dental Services Community Dental Services Hospital Dental Services Not applicable 		
Please list any reasonable adjustments required e.g. wheelchair access, bariatric chair, time of day appropriate for visit etc	Details:		
Following today's remote oral health check-in, does this child/young person have a mouth care plan in place?	Yes	No	
Details:			
If no, why?			

Please ensure the child/young person's tailored mouth care plan includes information on the following:

Time of toothbrushing:

AM

PM

Another time of day:

Location of toothbrushing:

Toothbrush: Toothpaste:

Dietary Advice: (if dietician involved, please ensure cc'd into mouth care plan)

Any additional details: (e.g. dry mouth care)

Outcome:
(please tick all which apply)

Face-to-face appointment

Onward referral

Further remote oral health check-in at a specified recall period:

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