FLORIDA DEPARTMENT OF JUVENILE JUSTICE

ORAL HEALTH ASSESSMENT

NAME OF YOUTH: _____

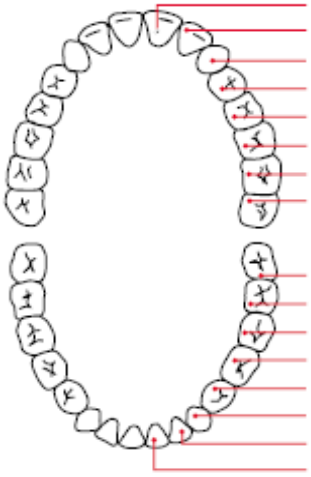
FACILITY NAME: _____

DDJID #: _____ **MEDICAID #:** _____
(AS APPLICABLE)

ORAL CONDITION ❑ **DATE OF EXAM:** _____

Fill out Oral Condition chart after completing form.

Permanent Teeth



Upper Teeth
- Central Incisor
- Lateral Incisor
- Canine (Cuspid)
- First Premolar (First Bicuspid)
- Second Premolar (Second Bicuspid)
- First Molar
- Second Molar
- Third Molar (Wisdom Tooth)

Lower Teeth
- Third Molar (Wisdom Tooth)
- Second Molar
- First Molar
- Second Premolar (Second Bicuspid)
- First Premolar (First Bicuspid)
- Canine (Cuspid)
- Lateral Incisor
- Central Incisor

Key: ✕ Missing ⦸ Decayed ● Filled

Comments:

Number of times, per day, youth brushes teeth: _____

Flossing Frequency:	☐ Daily	☐ Weekly	☐ Occasionally	☐ Never
Gum Condition:	☐ Normal	☐ Swollen	☐ Bleeds Easily	☐ Infected
Dental Needs:	☐ Treatment	☐ Cleaning	☐ Oral Hygiene Instruction	☐ No Needs

☐ **Further Evaluation/Referral To:** ☐ **ARNP** ☐ **MD** ☐ **Dentist** **Date:** _____

Name

Address, City, State, Zip

Area Code/Phone Number

Name (Person Completing Form) **Title** **Date**

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