Dental Risk Assessment Questionnaire

discovery kids
pediatric dentistry
(469) 365-5437
discoverykidsdentistry.com

Parents and caregivers – use this form to tell us about the oral health of your child. This will be part of your child's health record.

Parent/Guardian Name _____ **Date** _____

Child's Name _____ **Child's Age** _____

	Yes	No
1. Does your family drink water with fluoride in it or do your children take fluoride tablets?	☐	☐
2. Does your child use a toothpaste with fluoride in it?	☐	☐
3. Do you help your child with toothbrushing?		
4. Have you or your children ever had a bad dental experience?	☐	☐
5. Have any of your children ever had cavities?	☐	☐
6. Does your child complain of mouth pain?		
7. Does your child take a bottle to bed?	☐	☐
8. Does your child walk around drinking from a bottle or cup?	☐	☐
9. How many times does your child eat a snack each day? _____		
10. How many bottles does your child have each day? _____		
11. How is your own dental health?	☐ Good	☐ Fair ☐ Poor
12. Do you have any cavities?	☐	☐
13. Do your gums bleed?	☐	☐

Did you know?

For every 100 school children, more than 5 days of school per year are lost due to dental disease.

Good dental health is important!