



Lift the Lip

Oral health assessment

Tick boxes. For 'no' or 'private', complete 'risk' section only.

Risk factors		Clinical factors		Protective factors	
Mother/primary caregiver had active decay in the past 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recent trauma (not yet seen by dental practitioner) or facial swelling from infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Existing dental home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother/primary caregiver does not have a dentist	<input type="checkbox"/> Yes <input type="checkbox"/> No	White spots in the past 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drinks fluoridated water	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child takes a bottle to bed (or uses at will by day)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Obvious decay (holes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fluoride varnish in last six (6) months	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continual bottle/sippy cup use with fluid other than water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Restorations (fillings) present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has teeth brushed twice daily	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent snacking (especially high sugar intake)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visible plaque accumulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Risk	
Special health care needs/frequent medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gingivitis (swollen/bleeding gums)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low risk <input type="checkbox"/> High risk <input type="checkbox"/> Does not wish to participate	
Premature birth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Teeth present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate referral to nearest major dental centre. Phone 1300 300 850 or visit your nearest hospital emergency department.	
Other (presence of risk factors/absence of protective factors)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Healthy teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mandatory referral	

Metro North and Metro South Oral Health Services welcome all children 0 to 17 years of age referred by CYCHS - Child Health Service. For more information contact Oral Health Services.

Phone: 1300 300 850

www.health.qld.gov.au/metroNorth/oral-health

A joint initiative between Metro North and Metro South Hospital and Health Services and Children's Health Queensland.

