



**First Dental Home  
Visit Documentation**

<b>Patient's Name:</b>		
<b>Age (in months):</b>	<b>Date of Visit:</b>	
<b>Parent/Guardian at Appointment:</b>		
<b>Visit Component</b>	√	<b>Comments/Observations</b>
<b>Review of Health History</b>		
<b>Review of Dental History</b>		
<b>Oral Health of Primary Caregiver</b>		
<b>Oral Evaluation</b>		
<b>Caries Risk Assessment</b>		
<b>Toothbrush Prophy or Prophylaxis</b>		
<b>Oral Hygiene Instruction with parent/caregiver</b>		
<b>Anticipatory Guidance</b>		
❖ <b>Oral Health and Home Care</b>		
❖ <b>Oral Health of Primary Caregiver/Other Family Members</b>		
❖ <b>Development of mouth/teeth</b>		
❖ <b>Oral Habits</b>		
❖ <b>Diet/Nutrition</b>		
❖ <b>Fluoride Needs</b>		
❖ <b>Injury Prevention</b>		
❖ <b>Medications and Oral Health</b>		

**Please note: Abnormal findings should be documented in the patient's record.**

Fluoride varnish applied

Referral made to:       Dental Specialist \_\_\_\_\_  
Name of Dental Specialist

Including this visit, how many times has the child had a First Dental Home visit in your office? \_\_\_\_\_

**PRIVACY NOTIFICATION:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)