2018 IHS BASIC SCREENING SURVEY DATA COLLECTION FORM FOR CHILDREN 1-5 YEARS OF AGE

Site Information (TIP: Complete site information then make copies)

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Screen Date:		/	/			Enter date of screening
IHS Area:						1=Great Plains4=Bemidji7=Nashville10=Phoenix2=Alaska5=Billings8=Navajo11=Portland3=Albuquerque6=California9=Oklahoma12=Tucson
Clinic Name:						Enter name of IHS service unit or tribe/clinic name
Type of Screening Sit	e:					1=Medical / well-child clinic 2=Early Head Start 3=Head Start 4=Other preschool (not EHS/HS) 5=Kindergarten 6=WIC 7=Community events 8=Other (write in details)
Child Information						
Date of Birth:		/		, <u> </u>		Age in Years: If less than 1 year, enter 0.
Gender (check one): Male Female						
Race (check one):						
Tooth Status (sound Code primary teeth permanent tooth is p	only. If a p				liate	ed naturally, code the tooth as "Z" even if the F G H L K C N M L K
Treatment Urgency (check one): No obvious problems Early care needed Urgent care needed						
Comments (optional):						
Codes for heal ✓=Sound S=Sealant Status Codes:	thy teeth:	A=Arro D=Dec F=Fille C=Cro	cayed ed own (du	es: e to deca due to de		Codes for missing teeth: UE=Unerupted primary Z=Exfoliated naturally X=Extracted due to decay I=Missing due to injury Other codes: I=Fractured, restored, or missing because of injury/trauma H= Hypoplasia
Treatment Urgency De	finitions:	Early	/ care: I	Needs de	ental	tal care within next 24-48 hours because of pain or infection. Il care but does not have pain or infection. In problems requiring care before next scheduled dental visit.

Always use legible numbers/letters: 1 2 3 4 5 6 7 8 9 0 A C D F H I S UE X Z \checkmark

If you have questions contact: Kathy Phipps, 805-776-3393, kathyphipps1234@gmail.com

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