



# 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	<b>Risk</b> <input type="checkbox"/> Low risk <input type="checkbox"/> High risk <input type="checkbox"/> Does not wish to participate
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	
Premature birth <input type="checkbox"/> Yes <input type="checkbox"/> No	Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Immediate referral</b> to nearest major dental centre. Phone 1300 300 850 or visit your nearest hospital emergency department. <b>Mandatory referral</b>
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	

Gold Coast Oral Health Services welcome all children 0 to 4 years of age referred by Community Child Health.

For more information contact Oral Health Services.

**Phone: 1300 300 850**

[www.goldcoast.health.qld.gov.au/oral-health](http://www.goldcoast.health.qld.gov.au/oral-health)

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