

UMCHS - EHS LIFT THE LIP SCREENING RECORD

Child's Name _____ DOB: _____ Sex: _____

OHP/Medicaid Number: _____ HS/EHS Center: _____

Insurance Provider: _____ Group: _____ Plan: _____

Parent/Guardian: _____ Phone: _____

Address (Street & City): _____ ZIP Code: _____

HISTORY

CONCERNS:

PARENT/SCREENER (Check "✓" All Boxes that Apply.)

- Parent Facilitated Screen
- Staff Facilitated Screen
- Child Did Not Tolerate Screening Well

HEALTH EDUCATION

- Parent Viewed "Lift the Lip" Video
- Parent Reviewed Information on Oral Hygiene Instruction
- Parent Reviewed Information on Topical and Systemic Fluoride

SCREENING RESULTS

- Screening Complete, No Concerns
- Screening Complete, Concerns Noted
- Referred to Dental Provider for Exam & Evaluation

Notes:

Parent Signature: _____ Screen Date: _____

Staff Signature: _____