

Texas Health Steps Oral Evaluation and Fluoride Varnish in the Medical Home Visit Documentation

Patient's Name: _____		Date of Visit: _____	
Age (in months): _____			
Parent/Guardian at Appointment: _____			
Visit Component	√	Comments/Observations	
Review of Health History			
Oral Evaluation			
Anticipatory Guidance			
- Diet/Nutrition			
- Fluoride Needs			
- Injury Prevention			
- Medications and Oral Health			

Fluoride varnish applied

Referral made to: Dental Specialist _____
Name of Dental Specialist

Including this visit, how many times has the child had an Oral Evaluation and Fluoride Varnish in the Medical 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.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)