



Oral Health Promotion Brief Intervention

(For use by the Dental Department only)

<p>Demographics</p> <p>Addressograph Label</p> <p>Surname: _____</p> <p>Forename: _____</p> <p>HCRN: _____ Age: _____</p> <p>Date of Birth: ____/____/____ M / F</p> <p>Country of Birth: _____</p>	<p>Clinic Date: _____</p> <p>Relevant Medical History:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Medications:</p> <p>_____</p> <p>_____</p>
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Presenting Concerns?

Dental History

- Last Dental Visit: _____
- Service Attended: HSE Private Dentist OLCHC
Location: _____
- Previous Oral Health Promotion session in OLCHC: Yes / No (circle as appropriate)
If yes, when?

Caries Risk Factors

Oral Hygiene

- Frequency of toothbrushing: _____
- How long does each toothbrushing episode take?

- Who carries out toothbrushing?
Parent / Other Adult Child – Supervised Child – Unsupervised A mixture
- Fluoride Toothpaste used: Yes / No / Unknown (circle as appropriate)
- What toothpaste is used:

- Amount of fluoride in toothpaste?
Unknown Under 1000ppm Between 1000ppm and 1450ppm Over 1450ppm
- Spits / Rinses mouth after brushing (circle as appropriate)
- Interdental cleaning: Yes / No / Not Applicable
If yes, how often?

- Orthodontic appliance: Yes / No

Diet

- Number of meals per day: Breakfast Lunch Dinner
- Number of between meal snacks per day: _____
- Drinks consumed most commonly: _____
- Between meal sugary drinks: Yes / No (circle as appropriate)
If yes, how often?

- Drinks taken at sleep times currently: Yes / No (circle as appropriate)
If yes, what drinks?

- Drinks taken at sleep times in the past: Yes / No (circle as appropriate)
If yes, what drinks?

- Receiving optimally fluoridated water: Yes / No / Unknown
- Connected to mains water supply or a private well: _____

Caries Risk Assessment^{1,2}

Factor	High Risk	Low Risk
Greater than 3 between meal snacking episodes per day	Yes	
Consumes sugary drinks between meals	Yes	
Brushes twice per day with fluoride toothpaste (>1000ppm)		Yes
Child / Young adult takes a drink to bed (other than water)	Yes	
Child / Young adult has special healthcare needs	Yes	
Parent / Caregiver reports or has obvious dental caries	Yes	
Child / Young adult is a recent immigrant to Ireland	Yes	
Child / Young adult receives optimally fluoridated water		Yes
Child / Young adult attends regular dental care for prevention +/- treatment		Yes
Child / Young adult has visible plaque on teeth	Yes	
Child / Young adult has visible caries identified by Oral Health Promoter	Yes	

Overall Risk: High Low

Name: _____ HCRN: _____

¹ Adapted from: American Academy of Pediatric Dentistry (2014). Guideline on Caries Risk Assessment and Management for Infants, Children and Adolescents, 37(6):15-16.

² Adapted from: Irish Oral Health Services Guideline Initiative. Strategies to prevent dental caries in children and adolescents: Guidance on identifying high caries risk children and developing strategies for high caries risk children in Ireland. 2009.

Advice and Interventions

	Yes	No	Comment
Toothbrushing Demonstration			
Twice per day brushing			
Children under 2 years with a soft toothbrush and water			
Children over 2 years with a pea sized amount of 1450ppm fluoride toothpaste			
Children under 7 to have an adult brush their teeth			
Children over 7 to be supervised with toothbrushing			
To have 3 meals and no more than 2 to 3 snacks per day			
Keep sugary foods and drinks as treats and only at meal times			
Water and milk only between meals			
Only water at night			
Written material given to reinforce verbal information			
Children under 16 years referred to HSE dental service			
Young adults over 16 years advised to access a private general dental practitioner			
Referred to OLCHC dental Service			

Other Comments:

Name: _____ HCRN: _____