

Oral Health Assessment—Birth to 3 Years of Age				
Mother/caregiver's oral health _____ _____ _____		Existing dental home?    Yes    No <input type="checkbox"/> caries <input type="checkbox"/> staining <input type="checkbox"/> plaque <input type="checkbox"/> demineralization <input type="checkbox"/> night feeding <input type="checkbox"/> frequent snacking/juice intake (sippy cup) <input type="checkbox"/> special needs <input type="checkbox"/> SES		
Does mother have a dentist? Yes    No				
Outcome	Education	Fluoride	Referral	Completed

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