NEW YORK UNIVERSITY
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COLLEGE OF DENTISTRY
David B. Kriser Dental Center

Division of Diagnostics, Infectious Disease and Health Promotion
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New York University College of Dentistry
"Smiling Faces, Going Places"
Mobile Dental Care Program

Consent Form

Permission is granted for my child_____, to board the New York University College of Dentistry "Smiling Faces, Going Places" Mobile Dental Van to receive a dental screening, to be performed by dentists and other New York University College of Dentistry oral health care providers.

I understand that this is a general inspection of the mouth and that no treatment is rendered. I will be notified, in writing, of the screening results, and my child can be referred for treatment if any follow-up dental work is needed.

_____
Print Name of Child

_____ _____
Print Name of Parent or Guardian **Signature of Parent or Guardian**

_____
Date

12/02
CT

NYUCD Oral Health Screening Form for Adults

This form will be completed and returned to the participant for their use / information.

The Oral Health Screening is a LIMITED evaluation without the benefit of dental x-rays or detailed assessment of the teeth and gums. The main purpose is to listen to your concerns, identify general health problems that could affect your oral health, and identify general signs of oral and dental problems that may require attention. The findings of this screening exam require a comprehensive examination to confirm the diagnoses and discuss treatment options.

The College is happy to provide an appointment for a comprehensive oral-dental exam and x-rays at a significantly reduced fee. If you would like to take advantage of a detailed examination visit, please speak to the screening staff to make arrangements.

Participant Name: _____ Date: _____

Parent/Guardian Name (if applicable): _____

SECTION I: To Be Completed by Patient

Medical conditions that could affect, or be affected by, your oral health: (please check Yes or No):

Any "yes" replies may increase your risk for oral problems, or increased risk for general health problems due to oral disease. You may benefit from a full examination / consultation with a dentist.

Yes	No	
☐	☐	Do you have a heart murmur?
☐	☐	Are you taking a blood thinner?
☐	☐	Do you have a bleeding disorder or problem?
☐	☐	Are you taking a medication for a seizure disorder?
☐	☐	Do you have diabetes?
☐	☐	Do you have asthma?
☐	☐	Do you have a history of cancer?
☐	☐	Do you have a history of chemotherapy or radiation therapy?
☐	☐	Have you had any organ transplant?
☐	☐	Are you taking any medications that inhibit your immune system?
☐	☐	Do you smoke cigarettes, cigars, pipes or use chewing tobacco (circle all that apply)
☐	☐	Do you have a latex allergy?

SECTION II: To Be Completed by NYU College of Dentistry

Head and Neck / Oral Examination results: We have checked any conditions which could be identified during your screening exam, or that you expressed an interest in, which may require additional evaluation. We advise to make an appointment to learn more about any of these items.

☐ Tooth decay	☐ Gum recession	☐ Dry mouth	☐ Missing teeth
☐ Broken tooth	☐ Gum swelling	☐ Colored spot in mouth	☐ Teeth not meeting properly
☐ Broken filling	☐ Gum bleeding	☐ Head or neck swelling	☐ Limited jaw movement
☐ Painful teeth	☐ Oral swelling	☐ Sore on your skin	☐ Crowded teeth
☐ Sensitive teeth	☐ Sore in your mouth	☐ Discolored teeth	☐ Poor fitting denture
☐ Painful jaw			
☐ Deep grooves in teeth/Sealants		☐ Mouth guard	☐ Poor home care
☐ Other: _____			

Thank you for participating in the NYU College of Dentistry Oral Health Screening. We hope you have learned something valuable about your oral health. Please feel free to ask us any questions, or to make an appointment for a more detailed examination, a cleaning and discussion of treatment options.

Please bring this form with you if / when you return for a more detailed examination.