

<b>Firstname</b>	<b>Lastname</b>	<b>HAS ID</b> _____
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<b>Date</b>	<b>O Male</b> <b>O Female</b>	<b>DoB</b>	<b>Age (years)</b> <b>O Not sure</b>
Event	Location	O Athlete   O Unified partner	Sport
Delegation	SO Program		

Screener's name



**Special Olympics**

Healthy Athletes  
**Special Smiles®**

## Dental History

### 1. Fill out this section for each athlete even if edentulous

How often do you clean your mouth?

- Once or more a day
- 2 to 6 times per week
- Once per week
- Less than once per week
- Not sure

### 2. Pain inside mouth

- Yes    No
- Teeth
- Other

### 3. Athlete refused/could not screen

## Screening

### 4. Edentulous

- Yes (-> stop here)    Exam completed
- No (answer all questions 5 thru 14)

### 5. Untreated decay

- Yes    No
- Anterior(s)
- Premolar(s)
- Molar(s)

### 6. Filled teeth

- Yes    No

### 7. Missing teeth

- Yes    No
- Anterior(s)
- Molar(s)

### 8. Sealant(s)

- Yes    No

### 9. Injury

- Yes    No

### 10. Fluorosis

- Yes    No

### 11. Gingival signs

- Yes    No

### 12. Treatment urgency

- Maintenance
- Non-urgent
- Urgent

### 13. Mouthguard recommended

- Yes    No
- Mouthguard delivered

### 14. Exam completed