

Firstname	Lastname	HAS ID _____
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Date	<input type="radio"/> Male <input type="radio"/> Female	DoB	Age (years) <input type="radio"/> Not sure
Event	Location	<input type="radio"/> Athlete <input type="radio"/> Unified partner	Sport
Delegation		SO Program	

Screeener'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
 - Injury Treated 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