VENTURA COUNTY PUBLIC HEALTH
A Department of Ventura County Health Care Agency

CHDP Oral Health Program

Medical Office Name: **Person applying FV:**

DOS	Patient Name & DOB	Telephone #	Age (circle one)	Caries Class circle	Application circle	Referred to dentist circle	Has child ever been to a dentist	Received oral health educational/ literature
			infant 1y 2y 3y 4y 5y older	1/I 2/II 3/III 4/IV	1st 2nd 3rd more than	Yes No	Yes No	Yes No
			infant 1y 2y 3y 4y 5y older	1/I 2/II 3/III 4/IV	1st 2nd 3rd more than	Yes No	Yes No	Yes No
			infant 1y 2y 3y 4y 5y older	1/I 2/II 3/III 4/IV	1st 2nd 3rd more than	Yes No	Yes No	Yes No
			infant 1y 2y 3y 4y 5y older	1/I 2/II 3/III 4/IV	1st 2nd 3rd more than	Yes No	Yes No	Yes No