

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF ORAL HEALTH  
ORAL HEALTH ACTIVITY & STATE STAT REPORTING FORM**

(REVISED March 2015)

<b>HEALTH DEPARTMENT/VENDOR:</b>		<b>SELECT ALL THAT APPLY</b>			
<b>NAME OF REPORTER:</b>		<b>Children</b>		<b>Adults</b>	
<b>PHONE NUMBER: (ex:4101234567)</b>			LHD Program		LHD Program
<b>FISCAL/AWARD YEAR:</b>			School/Offsite		Oral Cancer

ACTIVITY PERFORMED	ACTIVITY COUNT				
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL FY

## Section 1: Children's Clinical Program

**A. Program Measures**

**Note:** Quarterly Age, Gender, Race, and Insured Status Totals should be the same value. If these totals are not equal, the Number of Patients Seen will not be

(1) Number of Patients Seen (Unduplicated Children)					
<b>Patient Demographic Breakdown</b>					
<b>(a) Age:</b>	<b>Age Total:</b>				
0-2 Years					
3-5 Years					
6-12 Years					
13-20 Years					
<b>(b) Gender:</b>	<b>Gender Total:</b>				
Male					
Female					
<b>(c) Hispanic Identity:</b>					
Yes					
No					
<b>(d) Race:</b>	<b>Race Total:</b>				
White					
Black/African American					
Asian					
Hawaiian/Pacific Islander					
Native American/Alaska Native					
Other/Unknown					
<b>(e) Insured Status:</b>	<b>Insured Status Total:</b>				
Medicaid/SCHIP					
Private Insurance					
Other/Uninsured/Unknown					

(2) Number of Clinical Visits (Children)					
(3) Number of Children Receiving Emergency Treatment					
(4) Number of Children Receiving Health Education					
(5) Number of Children Receiving Sealants (in-clinic only)					
(6) Number of Children Receiving Fluoride Mouthrinse					
(7) Number of Children Receiving Fluoride Varnish					
(8) Number of Children Cases/Families Requiring Follow-up					

**B. School-Based/Linked or Off-Site Service Production**

(1) Number of Children Examined/Screened					
(2) Number of Children Receiving Fluoride Treatments					
(3) Number of Children Receiving Dental Referrals					
(4) Number of Children Receiving Health Education					

ACTIVITY PERFORMED

ACTIVITY COUNT				
1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL FY

## Section 2: Adult Clinical Program (Including Oral Cancer)

### A. Program Measures

**Note:** Quarterly Age, Gender, Race, and Insured Status Totals should be the same value. If these totals are not equal, the Number of Patients Seen will not be

(1) Number of Patients Seen (Unduplicated Adults)					
<b>Patient Demographic Breakdown</b>					
<b>(a) Age:</b>	<b>Age Total:</b>				
21-64 Years					
65+ Years					
<b>(b) Gender:</b>	<b>Gender Total:</b>				
Male					
Female					
<b>(c) Hispanic Identity:</b>					
Yes					
No					
<b>(d) Race:</b>	<b>Race Total:</b>				
White					
Black/African American					
Asian					
Hawaiin/Pacific Islander					
Native American/Alaska Native					
Other/Unknown					
<b>(e) Insured Status:</b>	<b>Insured Status Total:</b>				
Medicaid/SCHIP					
Private Insurance					
Other/Uninsured/Unknown					
(2) Number of Clinical Visits (Adult)					
(3) Number of Adults Receiving Emergency Treatment					
(4) Number of Adults Receiving Health Education					
(5) Number of Adult Cases/Families Requiring Follow-up					
<b>B. Oral Cancer Service Production</b>					
(1) Number of Oral Cancer Screenings					
(2) Number of Oral Cancer Referrals for Biopsy					
(a) Number of Cases/Families Requiring Follow-up					
(3) Number of Patients Educated on Oral Cancer					
(4) Number of Healthcare Providers Educated on Oral Cancer					

ACTIVITY PERFORMED

ACTIVITY COUNT				
1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL FY

## Section 3: Dental Public Health Infrastructure Capacity Measures

Number of LHD Public Health Dentists (FTE)					
Number of LHD Public Health Hygienists (FTE)					