

	A	B	C	D	E	F	G	H
1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE			DATA CAN ONLY BE ENTERED IN THE YELLOW SPACES.				
2	ORAL HEALTH ACTIVITY & STATE STAT REPORTING FORM							
3	OFFICE OF ORAL HEALTH							
4								
5	(Press F2 in the spaces below to add information)							
6	HEALTH DEPARTMENT/VENDOR:			CHECK ALL THAT APPLY				
7	NAME OF REPORTER:			Children		Adults		
8	PHONE NUMBER:			YES or NO	LHD Program	YES or NO	LHD Program	
9	FISCAL/AWARD YEAR:		2013	YES or NO	School or Offsite	YES or NO	Oral Cancer	
10								
11	ORAL HEALTH ACTIVITY & STATE STAT REPORTING FORM							
12								
13	ACTIVITY PERFORMED		1st QUARTER ACTIVITY COUNT	2nd QUARTER ACTIVITY COUNT	3rd QUARTER ACTIVITY COUNT	4th QUARTER ACTIVITY COUNT	TOTAL FY ACTIVITY COUNT	
14								
15	Section 1: Children's Clinical Program							
16	A. Program Measures (CLINIC ONLY)							
17	(1) Number of Patients Seen (Unduplicated Children)		0	0	0	0	0	
18	Patient Demographic Breakdown							
19	(a) Age							
20	0-2 Years						0	
21	3-5 Years						0	CROSS CHECK 0
22	6-12 Years						0	
23	13-20 Years						0	
24	(b) Gender							
25	Male						0	
26	Female						0	0
27	(c) Race							
28	White						0	
29	Black/African American						0	
30	Asian						0	
31	Hispanic						0	
32	Hawaiin/Pacific Islander						0	
33	Native American/Alaska Native						0	
34	Other/Unknown						0	0
35	(d) Insured Status							
36	Medicaid/SCHIP							
37	Yes						0	
38	No						0	
39	Private Insurance						0	
40	Uninsured/Unknown						0	0
41								
42	(2) Number of Clinical Visits (Children)						0	
43	(3) Number of Children Receiving Emergency Treatment						0	
44	(4) Number of Children Receiving Health Education						0	
45	(5) Number of Children Receiving Sealants						0	
46	(6) Number of Children Receiving Fluoride Treatments						0	

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6	HEALTH DEPARTMENT/VENDOR:			CHECK ALL THAT APPLY				
7	NAME OF REPORTER:			Children		Adults		
8	PHONE NUMBER:			YES or NO	LHD Program	YES or NO	LHD Program	
9	FISCAL/AWARD YEAR: 2013			YES or NO	School or Offsite	YES or NO	Oral Cancer	
10								
11	ORAL HEALTH ACTIVITY & STATE STAT REPORTING FORM							
12								
13	ACTIVITY PERFORMED		1st QUARTER ACTIVITY COUNT	2nd QUARTER ACTIVITY COUNT	3rd QUARTER ACTIVITY COUNT	4th QUARTER ACTIVITY COUNT	TOTAL FY ACTIVITY COUNT	
14								
47								
48	B. School-Based/Linked or Off-Site Service Production							
49	(1) Number of Children Receiving Fluoride Treatments						0	
50	(2) Number of Children Receiving Emergency Referrals						0	
51	(3) Number of Children Receiving Health Education						0	
52								
53	Section 2: Adult Clinical Program (Including Oral Cancer)							
54	A. Program Measures							
55	(1) Number of Patients Seen (Unduplicated Adults)		0	0	0	0	0	
56	Patient Demographic Breakdown							
57	(a) Age							CROSS CHECK
58	21-64 Years						0	
59	65+ Years						0	
60	(b) Gender							
61	Male						0	
62	Female						0	
63	(c) Race							
64	White						0	
65	Black/African American						0	
66	Asian						0	
67	Hispanic						0	
68	Hawaiiin/Pacific Islander						0	
69	Native American/Alaska Native						0	
70	Other/Unknown						0	
71	(d) Insured Status							
72	Medicaid/SCHIP						0	
73	Yes						0	
74	No						0	
75	Private Insurance						0	
76	Uninsured						0	
77								

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5	(Press F2 in the spaces below to add information)							
6	HEALTH DEPARTMENT/VENDOR:			CHECK ALL THAT APPLY				
7	NAME OF REPORTER:			Children		Adults		
8	PHONE NUMBER:			YES or NO	LHD Program	YES or NO	LHD Program	
9	FISCAL/AWARD YEAR:			YES or NO	School or Offsite	YES or NO	Oral Cancer	
10	2013							
11	ORAL HEALTH ACTIVITY & STATE STAT REPORTING FORM							
12								
13	ACTIVITY PERFORMED		1st QUARTER ACTIVITY COUNT	2nd QUARTER ACTIVITY COUNT	3rd QUARTER ACTIVITY COUNT	4th QUARTER ACTIVITY COUNT	TOTAL FY ACTIVITY COUNT	
78	(2) Number of Clinical Visits (Adult)						0	
79	(3) Number of Adults Receiving Emergency Treatment						0	
80	(4) Number of Adults Receiving Health Education						0	
81								
82	B. Oral Cancer Service Production							
83	(1) Number of Oral Cancer Screenings						0	
84	(2) Number of Oral Cancer Referrals for Biopsy						0	
85	(3) Number of Patients Educated on Oral Cancer						0	
86	(4) Number of Healthcare Providers Educated on Oral Cancer						0	
87								
88	Section 3: Dental Public Health Infrastructure Capacity Measures							
89	(1) Number of Medicaid Dental Chairs							
90	(2) Number of Uninsured Dental Chairs							
91	(3) Number of Offsite/Head Start Programs Operated by LHDs							
92	(4) Number of LHD Public Health Dentists (FTE)							
93	(5) Number of LHD Public Health Hygienists (FTE)							