



# CHDP Dental Training: Focus on PM 160 Training Review Questions – ANSWER KEY

(Correct answers are highlighted and discussion points for CHDP staff are under each photo.)

- At what age should a child be referred for their first dental visit? **Begin no later than Age One and refer at any age if a problem is detected or suspected.**
- How often should a child in CHDP see a dentist for a routine dental exam and preventive dental treatment? **Children in CHDP are considered moderate to high risk for dental decay and should be referred to a dentist every six months.**
- How would you classify and document the following dental assessment?  
(Document on the PM160 form below.)



Healthy gums, no inflammation and no visible white, brown or black spots on teeth.



Refer to the dentist for routine dental care.

DO NOT STAPLE IN BAR AREA

HERE

PLEASE PRINT	PATIENT NAME (LAST) (FIRST) (INITIAL)			MEDICAL RECORD NO.		LA Code	94	XXXXXXXXX J
	Mo.	Day	Year	AGE	SEX M/F	PATIENT'S COUNTY OF RESIDENCE		CO. CODE
PLEASE PRINT	RESPONSIBLE PERSON (NAME)		(STREET)		(APT./SPACE #)	(CITY)	(ZIP)	Ethnic Code <input type="checkbox"/> 1-American Indian <input type="checkbox"/> 2-Asian <input type="checkbox"/> 3-Black <input type="checkbox"/> 4-Filipino <input type="checkbox"/> 5-Mex. Amer./Hispanic <input type="checkbox"/> 6-White <input type="checkbox"/> 7-Other <input type="checkbox"/> 8-Pacific Islander
	CHDP ASSESSMENT		NO PROBLEM SUSPECTED	REFUSED, CONTRA-INDICATED, NOT NEEDED	PROBLEM SUSPECTED Enter Follow Up Code in Appropriate Column		DATE OF SERVICE	
Indicate outcome for each screening procedure		✓ A	✓ B	NEW C	KNOWN D	FEES		FOLLOW UP CODES 1. NO DX/RX INDICATED OR NOW UNDER CARE. 2. QUESTIONABLE RESULT, RECHECK SCHEDULED. 3. DX MADE AND RX STARTED 4. DX PENDING/RETURN VISIT SCHEDULED. 5. REFERRED TO ANOTHER EXAMINER FOR DX/RX. 6. REFERRAL REFUSED
01 HISTORY and PHYSICAL EXAM						01		REFERRED TO: TELEPHONE NUMBER
02 DENTAL ASSESSMENT/REFERRAL		✓						REFERRED TO: TELEPHONE NUMBER
03 NUTRITIONAL ASSESSMENT								<b>COMMENTS/PROBLEMS</b> IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION								
05 DEVELOPMENTAL ASSESSMENT								
06 SNELLEN OR EQUIVALENT						06		
07 AUDIOMETRIC						07		
08 HEMOGLOBIN OR HEMATOCRIT						08		
09 URINE DIPSTICK						09		
10 COMPLETE URINALYSIS						10		
12 TB MANTOUX						12		
CODE	OTHER TESTS	PLEASE REFER TO THE CHDP LIST OF TEST CODES				CODE	OTHER TESTS	
HEIGHT IN INCHES	WEIGHT LBS	OZS	BODY MASS INDEX (BMI) PERCENTILE	BLOOD PRESSURE				ROUTINE REFERRAL(S) <input checked="" type="checkbox"/> / <input type="checkbox"/> BLOOD LEAD <input type="checkbox"/> DENTAL <input checked="" type="checkbox"/>
HEMOGLOBIN	HEMATOCRIT	.0%	%	BIRTH WEIGHT LBS	OZS			PATIENT IS A FOSTER CHILD (✓) <input checked="" type="checkbox"/> <input type="checkbox"/>
IMMUNIZATIONS PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES		GIVEN TODAY		NOT GIVEN TODAY		DIAGNOSIS CODES		
NOW UP TO DATE FOR AGE	STILL NOT UP TO DATE FOR AGE	ALREADY UP TO DATE FOR AGE	REFUSED OR CONTRA-INDICATED			1	2	

4. How would you classify and document the following dental assessment?  
(Fill in the PM160 form below.)



Multiple large carious lesions – refer for dental treatment as soon as possible.



Extensive gingivitis (infected, red, swollen, inflamed gums) - refer for dental treatment as soon as possible.

CLAIM CONTROL NUMBER • FOR STATE USE ONLY		<b>8</b> STAPLE HERE																																																																																																				
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1. Patient is Exposed to Passive (Second Hand) Tobacco Smoke.						Yes <input type="checkbox"/>	No <input type="checkbox"/>																																																																																															
2. Tobacco Used by Patient						Yes <input type="checkbox"/>	No <input type="checkbox"/>																																																																																															
3. Counseled About/Referred For Tobacco Use Prevention/						Yes <input type="checkbox"/>	No <input type="checkbox"/>																																																																																															
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