## PATIENT ASSESSMENT FORM

Oral Health Information Adult	Yes	No
Do you gag easily?		
Do you wear dentures?		
Does food catch between your teeth?		5
Do you have difficulty in chewing your food?		
Do you chew on only one side of your mouth?		1
Do your gums bleed easily?		
Do your gums bleed when you floss?		0
Do your gums feel swollen or tender?		7
Are your teeth sensitive?		V
Do you take fluoride supplements?		
Do you prefer to save your teeth?		
Do you want complete dental care?		H

Oral Health Information Pediatric/Child		No	
Does your child use a thoothpase with flouride in it?		П	
Do you help your child with toothbrushing?	一片	H	
Have your child experince in a dental treatment?		H	
Have your child ever had cavities?		H	
Does your child complain of mouth pain?	ᅥ片	H	
Does your child take a bottle to bed?	- 12	7	
Does your Child loves to eat foods like Chocolates, candy, snacks a lot?		금	
Does your child gums bleed easily?	-   片	屵	

DENTAL CHARTING		
1 (D) A (D)	9 10 1 DO 11 F O 12 DO 6 O 13 O 1 O 14 O 1 O 15 O J O 16	
32 © T © 31 © 30 © R © © © 29 © 0 P 26 25 Lov	© K © 17 Ø L © 18 Ø M © 19 Ø M © 20 0 0 21 24 23 VER	

Health Information for TMJ	Yes	No
Do you clench or grind your jaws frequently?		П
Do your jaws ever feel tired?		금
Does your jaw get stuck so that you can't open freely?	- + 금	믐
Does it hurt when you chew or open wide to take a bite?	-   -	-
Do you have earaches or pain in front of the ears?		님
Do you have any jaw headaches upon awaking in the morning?		믐
Do you find jaw pain or discomfort extremely frustrating /depressing?	ᆂ	믐
Do you have a temporomandibular (jaw) disorder (TMD)?	$\neg$	금
Do you have pain in the face, cheeks, jaws, joints, throat, or temples?	-	片
Are you unable to open your mouth as far as you want?	$\dashv \exists$	
Are you aware of an uncomfortable bite?		무
Have you had a blow to the jaw (trauma)?		屵
Are you a habitual gum chewer or pipe smoker?	ᅥᅱ	H

Category	0 = healthy	1 = changes	2 = unhealthy	Score
Lips	Smooth, Pink, Moist	Dry, chapped, red at corners	Swelling or lump ulcerated at corners	
Tongue	Normal, Moist, Pink	Patchy, fissured, red, coated	Patch that is red & ulcerated, swollen	
Gums & Tissues	Pink, Moist, Smooth	Dry, shiny, rough, swollen 1 to 6 teeth	Swollen, bleeding Generalized redness	
Saliva	Moist Tissues, Watery	Dry, sticky tissues, Little saliva present	No saliva present Tissues parched	
Natural Teeth	No Decayed/ Broken Teeth	1 to 3 decayed / 1 broken teeth	4 or more decayed & broken teeth	
Denture(s)	No Broken Areas	1 Broken Area	More than 1 broken	

Falls are common for 65yrs of age and older.	Points	-	No	MENT	
Do you fallen in the pass years?	2			-	
Are you using or advice to use cane or walker?	2	H	H	4	
Are you lose a balance while walking?	1	H	H	YOUR	
You Worry about falling?	1	片	Η		
Do you use your arm/s to push your self from a chair?	1	片	+	FALL RISK ->	
Do you have trouble stepping up onto a crub/steps?	1	++	片	_	
Are you sways when standing stationary?	1	님		0 1 2 3 4 5 6 7 8+	
Do you take short narrow step?	1	H	믐	3 4 5 6 7 8+	
Are you stamble often or look at the ground when you walk?	1	片			
Do you frequently have to rush to the toilet?	1	H			
Do you have lost some feeling in one or both of your feet?	1	H	H	LOW MODERATE AT RISK HIGH URGENT SEVERE	
Do you take any medication to feel light headed or sleepy?	1		님	OHOLIT SEVERE	
у при	14		님		
Total Points	14		Ш		