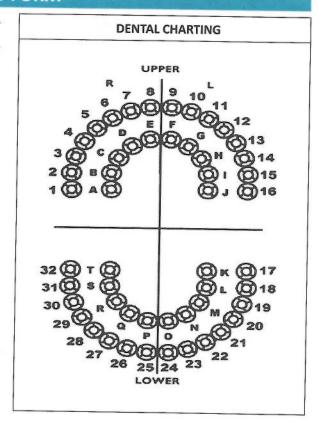
PATIENT ASSESSMENT FORM

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

Oral Health Information Pediatric/Child		No
Does your child use a thoothpase with flouride in it?		П
Do you help your child with toothbrushing?		Ħ
Have your child experince in a dental treatment?		I
Have your child ever had cavities?	一市	
Does your child complain of mouth pain?		
Does your child take a bottle to bed?	一一	П
Does your Child loves to eat foods like Chocolates, candy, snacks a lot?		H
Does your child gums bleed easily?		H



Health Information for TMJ		No	
Do you clench or grind your jaws frequently?		\Box	
Do your jaws ever feel tired?	ᅥ뉴	1	
Does your jaw get stuck so that you can't open freely?	ᅡᆔ	금	
Does it hurt when you chew or open wide to take a bite?	一片	౼	
Do you have earaches or pain in front of the ears?		H	
Do you have any jaw headaches upon awaking in the morning?		H	
Do you find jaw pain or discomfort extremely frustrating /depressing?		-	
Do you have a temporomandibular (jaw) disorder (TMD)?	ᅵ뉴	H	
Do you have pain in the face, cheeks, jaws, joints, throat, or temples?			
Are you unable to open your mouth as far as you want?	ᅡᆔ	H	
Are you aware of an uncomfortable bite?	ᅥᅱ	금	
Have you had a blow to the jaw (trauma)?	-	H	
Are you a habitual gum chewer or pipe smoker?		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	Yes	No	
Do you fallen in the pass years?	2			-
Are you using or advice to use cane or walker?	2	H	H	-
Are you lose a balance while walking?	1	ī		YOUR
You Worry about falling?	1	Ħ	H	
Do you use your arm/s to push your self from a chair?	1	H		FALL RISK →
Do you have trouble stepping up onto a crub/steps?	1		H	9
Are you sways when standing stationary?	1	H	H	0 1 2 3 4 5 6 7 8+
Do you take short narrow step?	1	=		
Are you stamble often or look at the ground when you walk?	1			
Do you frequently have to rush to the toilet?	1	H	1	
Do you have lost some feeling in one or both of your feet?	1	H		LOW MODERATE AT RISK HIGH URGENT SEVERE
Do you take any medication to feel light headed or sleepy?	1	П	금	
	14	F	П	
Total Points				