PATIENT ASSESSMENT FORM

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

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

| DENTAL | CHARTING |
|---|--|
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| Health Information for TMJ | Yes | No |
|---|-----|----|
| Do you clench or grind your jaws frequently? | | |
| Do your jaws ever feel tired? | | |
| Does your jaw get stuck so that you can't open freely? | | |
| Does it hurt when you chew or open wide to take a bite? | | |
| Do you have earaches or pain in front of the ears? | | |
| Do you have any jaw headaches upon awaking in the morning? | | |
| Do you find jaw pain or discomfort extremely frustrating /depressing? | | |
| Do you have a temporomandibular (jaw) disorder (TMD)? | | |
| 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? | | |
| Are you aware of an uncomfortable bite? | | |
| Have you had a blow to the jaw (trauma)? | | |
| Are you a habitual gum chewer or pipe smoker? | | |

| 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 | | | |
| Are you lose a balance while walking? | 1 | | | YOUR |
| You Worry about falling? | 1 | | | FALL RISK -> |
| Do you use your arm/s to push your self from a chair? | 1 | | | |
| Do you have trouble stepping up onto a crub/steps? | 1 | | | |
| Are you sways when standing stationary? | 1 | | | 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 | | | |
| Do you have lost some feeling in one or both of your feet? | 1 | | | LOW MODERATE AT RISK HIGH URGENT SEVERE |
| Do you take any medication to feel light headed or sleepy? | 1 | | | |
| | 14 | | | |
| Total Points | | | (7) Dr. Magdafa Abalatta | |
| | Ø = | | - 1 | Dr. Mostafa Abdalla General Dentist |