

PATIENT ASSESSMENT FORM

Oral Health Information Adult

☐	☐	Do you gag easily?
☒	☐	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?
☒	☐	Do your gums bleed easily?
☒	☐	Do your gums bleed when you floss?
☒	☐	Do your gums feel swollen or tender?
☒	☐	Are your teeth sensitive?
☒	☐	Do you take fluoride supplements?
☒	☐	Do you prefer to save your teeth?
☒	☐	Do you want complete dental care?

Oral Health Information Pediatric/Child

☐	☐	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?

Health Information for TMJ

☐	☐	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?

FALL RISK ASSESSMENT

Falls are common for 65yrs of age and older.

☐	☐	Points	Yes	No
☐	☐	2		
☐	☐	2		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	1		
☐	☐	14		
☐	☐	Total Points		

YOUR FALL RISK

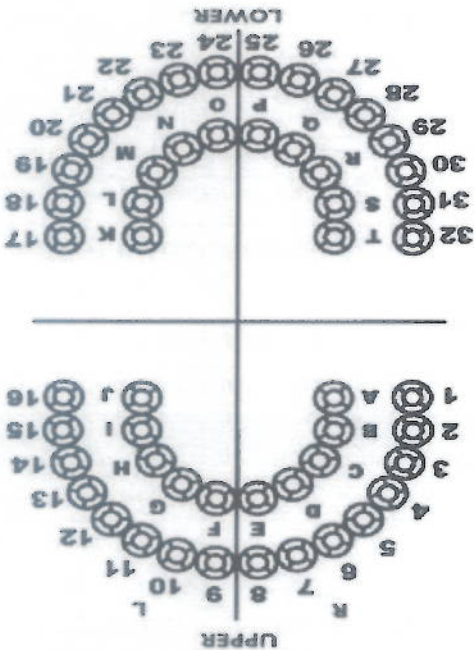


Date

4/12/25

Shop 3, Wasi Port Views 8,
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United Arab Emirates

DENTAL CHARTING



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