PATIENT ASSESSMENT FORM

| Oral Health Information Adult | Yes | N. |
|--|-----|----|
| Do you gag easily? | res | No |
| Do you wear dentures? | | 2 |
| Does food catch between your teeth? | | 1 |
| Do you have difficulty in chewing your food? | | Z |
| Do you chew on only one side of your mouth? | | D |
| Do your gums bleed easily? | | 1 |
| Do your gums bleed when you floss? | | P |
| Do your gums feel swollen or tender? | | |
| Are your teeth sensitive? | | 2 |
| Do you take fluoride supplements? | | 2 |
| Do you prefer to save your teeth? | | |
| Do you want complete dental care? | | |
| T | | |

| Oral Health Information Pediatric/Child | T., | T., |
|--|--------------------------|-----|
| Does your child use a thoothpase with flouride in it? | Yes | No |
| Do you halp your abild with a set in nouride in it? | | |
| Do you help your child with toothbrushing? | ПП | П |
| Have your child experince in a dental treatment? | | |
| Have your child ever had cavities? | | 7 |
| Does your child complain of mouth pain? | 구분 | - |
| Does your child take a bottle to bed? | - - | 닏 |
| Does your Child loves to eat foods like Chocolates, candy, snacks a lot? | $ \parallel$ \parallel | Ш |
| Does your child gums bleed easily? | | |
| and four ching Britis pieer easily? | | |

| DENTA | L CHARTING |
|---|---|
| 7 8 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 9 10 L 9 10 11 F 6 0 13 0 M 6 14 0 1 6 15 0 J 6 16 |
| 32 © T © 31 © S © S © S © S © S © S © S © S © S © | © K © 17 © L © 18 © M © 19 © N © 20 © 21 © 22 24 23 |

| Health Information for TMJ | Yes | No |
|---|-------|------|
| Do you clench or grind your jaws frequently? | | 1.00 |
| Do your jaws ever feel tired? | | 님 |
| Does your jaw get stuck so that you can't open freely? | | 님 |
| Does it hurt when you chew or open wide to take a bite? | | 님 |
| Do you have earaches or pain in front of the ears? | | 님 |
| Do you have any jaw headaches upon awaking in the morning? | - | 님 |
| Do you find jaw pain or discomfort extremely frustrating /depressing? | - 片 | 屵 |
| Do you have a temporomandibular (jaw) disorder (TMD)? | | 무 |
| Do you have pain in the face, cheeks, jaws, joints, throat, or temples? | | ᆜ |
| Are you unable to open your mouth as far as you want? | | 무 |
| Are you aware of an uncomfortable bite? | | ᆜ |
| Have you had a blow to the jaw (trauma)? | | 屵 |
| Are you a habitual gum chewer or pipe smoker? | | |
| 5 Pipe Silloker: | | |

| 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 | |
| Penture(s) | No Broken Areas | 1 Broken Area | More than 1 broken | |

