PATIENT ASSESSMENT FORM

Oral Health Information Adult	Yes	No
Do you gag easily?		1
Do you wear dentures?		4
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?	Ø	П

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
7 8 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9 10 11 (D) 0 12 (D) 0 13 (D) 1 0 14 (D) 1 (D) 15 (D) 1 (D) 16
32 © T © 31© \$ © © © © © © © © © © © © © © © © © ©	© K © 17 © L © 18 © M © 19 © 0 20 0 0 21 0 0 22 24 23

Health Information for	or TMJ	Yes	No
Do you clench or grind	your jaws frequently?		
Do your jaws ever feel	ired?		
Does your jaw get stuck	so that you can't open freely?		
Does it hurt when you	hew or open wide to take a bite?		
Do you have earaches of	r pain in front of the ears?		
Do you have any jaw he	adaches upon awaking in the morning?		
Do you find jaw pain or	discomfort extremely frustrating /depressing?		
Do you have a temporo	mandibular (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 un	comfortable 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	7
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		
Saliva	Moist Tissues, Watery	Dry, sticky tissues, Little saliva present		
Natural Teeth	No Decayed/ Broken Teeth	1 to 3 decayed / 1 broken teeth		
Denture(s)	No Broken Areas	1 Broken Area	More than 1 broken	

FAL	L RISK A	SSE	SSN	MENT
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			TALL MISK
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 Po	oints			