PATIENT ASSESSMENT FORM

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

Oral Health Information Pediatric/Child	Yes	No
Does your child use a thoothpase with flouride in it?		П
Do you help your child with toothbrushing?		Ī
Have your child experince in a dental treatment?		盲
Have your child ever had cavities?	一百	ī
Does your child complain of mouth pain?		F
Does your child take a bottle to bed?	15	Ħ
Does your Child loves to eat foods like Chocolates, candy, snacks a lot?	17	
Does your child gums bleed easily?	15	

DENTAL	CHARTING
4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	9 10 11
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Health Information for TMJ	Yes	No
Do you clench or grind your jaws frequently?		П
Do your jaws ever feel tired?		F
Does your jaw get stuck so that you can't open freely?	급	H
Does it hurt when you chew or open wide to take a bite?	一百	H
Do you have earaches or pain in front of the ears?		ī
Do you have any jaw headaches upon awaking in the morning?	15	H
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?		H
Are you aware of an uncomfortable bite?		$\overline{\Box}$
Have you had a blow to the jaw (trauma)?	ᅵᆔ	H
Are you a habitual gum chewer or pipe smoker?		i

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	П		1
Are you using or advice to use cane or walker?	2	H	Ħ	<u>i</u>
Are you lose a balance while walking?	1	Ī	ī	YOUR
You Worry about falling?	1	I		FALL RISK ->
Do you use your arm/s to push your self from a chair?	1		F	FALL KISK
Do you have trouble stepping up onto a crub/steps?	1		Ħ	i
Are you sways when standing stationary?	1		П	0 1 2 3 4 5 6 7
Do you take short narrow step?	1		ī	
Are you stamble often or look at the ground when you walk?	1			
Do you frequently have to rush to the toilet?	1		n	
Do you have lost some feeling in one or both of your feet?	1	ī	ī	LOW MODERATE AT RISK HIGH URGENT SEVERE
Do you take any medication to feel light headed or sleepy?	1	ā		
	14			Dr. Mostafa Abdalla
Total Points				Gonoral Dantit
				DENTISTREE DHA-00222048-001 DENTISTREE DENTAL CLINIC