## PATIENT ASSESSMENT FORM **Oral Health Information Adult** Yes No **DENTAL CHARTING** Do you gag easily? 1 Do you wear dentures? 2 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? [7 Are your teeth sensitive? Do you take fluoride supplements? Do you prefer to save your teeth? 1 Do you want complete dental care? 1 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? Health Information for TMJ Yes No Category 0 = healthy 1 = changes 2 = unhealthy Score Do you clench or grind your jaws frequently? Smooth, Pink Dry, chapped, Swelling or lump Lips Do your jaws ever feel tired? Moist red at corners ulcerated at corners Does your jaw get stuck so that you can't open freely? Normal. Patchy, fissured, Patch that is red & Tongue Does it hurt when you chew or open wide to take a bite? Aoist, Pink red, coated ulcerated, swollen Do you have earaches or pain in front of the ears? Pink, Moist, Gums & Dry, shiny, rough, Swollen, bleeding Do you have any jaw headaches upon awaking in the morning? Tissue Smooth swollen 1 to 6 teeth Generalized redness Do you find jaw pain or discomfort extremely frustrating /depressing? Moist Tissues, Dry, sticky tissues, No saliva present Do you have a temporomandibular (jaw) disorder (TMD)? Saliva Watery Little saliva present Tissues parched 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? Natura No Decayed/ 1 to 3 decayed / 4 or more decayed Teeth Broken Teeth 1 broken teeth & broken teeth Are you aware of an uncomfortable bite? Have you had a blow to the jaw (trauma)? o Broken Denture(s) 1 Broken Area More than 1 broken Are you a habitual gum chewer or pipe smoker? FALL RISK ASSESSMENT 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? YOUR 1 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 1 2 8+ Are you sways when standing stationary? 1 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 LOW MODERATE SEVERE Do you have lost some feeling in one or both of your feet? 1 Dr. Mostafa Abdailia Do you take any medication to feel light headed or sleepy? 1 General Dentist 14 DENTISTREE DHA-00222048-001 **Total Points** DENTISTREE DENTAL