

COMPREHENSIVE PATIENT EVALUATION

PATIENT INTERVIEW

1. What can we do for you today? _____
2. Are you having any discomfort now? _____
3. Is there anything about the appearance of your teeth that you would like to change?

4. What types of dental procedures have you had done in the past 5 years? _____

RADIOGRAPHIC EXAMINATION

1. General appearance on radiograph: _____
2. Missing teeth _____
3. Prevalence of fillings: FEW MODERATE MANY
4. Any overhanging margins? _____
5. Any periapical infections? _____
6. Any cavities obvious on x-ray? _____
7. Any bone loss? _____
8. Any widened periodontal ligament? _____
9. Any unerupted teeth? _____

CLINICAL EXAMINATION

1. Jaw relationship? _____
2. History of joint noise? _____
3. History of joint pain? _____
4. Headaches or neck pain? _____
5. Appearance of soft tissue/ oral cancer exam _____
6. Any premature interference or mobile teeth? _____
7. Any gum pocket formation? _____

CLINICAL EXAMINATION

8. Adequate attached gingiva? _____
9. Any malpositioned teeth? _____
10. Any sign of tooth wear? _____
11. Any teeth likely to fracture? _____
12. Any generalized recession? _____
13. Any erosion? _____
14. Any unmanageable bacterial traps? _____
15. Tooth by tooth analysis:

HISTORY

TREATMENT PLAN
