## Oral Health Assessment and Review Checklist

### Patient Name

### Assessment Type
- FOHR / OHA

### Date of Assessment

#### Patient Histories Completed/Updated*
- Personal details
- Social history
- Dental history
- Medical history
- Dental anxiety level
- Dentist reviewed histories

*If new patient, complete new forms; if returning patient, ask patient if anything has changed and review forms completed previously

#### Clinical Assessment Completed/Updated*
- Head and neck
- Oral mucosal tissue
- Periodontal tissue (BPE/plaque scores)
- Teeth - Caries and restorations
- Tooth surface loss
- Tooth abnormalities
- Fluorosis
- Dental trauma
- Occlusion
- Orthodontic needs

#### Effectiveness of treatment

#### Patient compliance with advice

### Risk Assessment
- Oral mucosal disease
- Periodontal disease
- Caries
- Other (please note)

#### OVERALL RISK

### Prevention advice given

### Preventive treatment required

### Operative treatment required

### Review Interval (months) (following completion of any treatment):
- 3
- 6
- 9
- 12
- 15
- 18
- 21
- 24

### Proposed date for next OHA (following completion of any treatment):

### Personal Care Plan Review

### For office use

#### D D M M Y Y

#### CHI Number

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*Record full details of any significant findings separately.*