## Patient Review and Personal Care Plan

A summary of the status of your oral health is summarised below with details of when your next review or assessment will be.

### Surname

### Forename

### Examination Date

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

### Phone No.

### Assessment of Oral Health Status

<table>
<thead>
<tr>
<th>Assessment</th>
<th>High Risk</th>
<th>Medium Risk</th>
<th>Low Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft tissue disease</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gum disease assessment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tooth decay assessment</td>
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<td></td>
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<tr>
<td>Other assessment (details below)</td>
<td></td>
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</tbody>
</table>

### Overall risk of future dental problems

- High Risk [ ]
- Medium Risk [ ]
- Low Risk [ ]

### Your next review or assessment

After your treatment is complete, your next check-up with your dentist / hygienist / nurse will be in:

#### Patient under 18 years

- 3 months [ ]
- 6 months [ ]
- 9 months [ ]
- 12 months [ ]
- 15 months [ ]
- 18 months [ ]
- 21 months [ ]
- 24 months [ ]

#### Patient 18 years and over

- 3 months [ ]
- 6 months [ ]
- 9 months [ ]
- 12 months [ ]
- 15 months [ ]
- 18 months [ ]
- 21 months [ ]
- 24 months [ ]

### Type of assessment

- Focussed review [ ]
- Full assessment [ ]

If you have problems or concerns about your oral health before your next scheduled visit, contact your dental practice.
Things you can do to maintain or improve your oral health are shown below followed by what the dental team plans to do.

### Actions for the Patient

<table>
<thead>
<tr>
<th>Prevention</th>
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<table>
<thead>
<tr>
<th>Treatment</th>
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</table>

<table>
<thead>
<tr>
<th>Maintenance</th>
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</table>

<table>
<thead>
<tr>
<th>Referral</th>
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</thead>
</table>

### Actions for the Dental Team

**Prevention**

**Treatment**

**Maintenance**

**Referral**

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**Signature of Patient, Parent or Carer**

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**Date**

**Signature of Practitioner**

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**Date**