## Oral Health Assessment and Review Checklist

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>For office use</th>
<th>CHI Number</th>
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<tr>
<th>Assessment Type</th>
<th>FOHR / OHA</th>
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<tbody>
<tr>
<td>Date of Assessment</td>
<td>Day Month Year</td>
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### 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

### Dentures
*Record full details of any significant findings separately.

### Effectiveness of treatment
- Good
- Poor
- N/A

### Patient compliance with advice
- Yes
- No

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

### OVERALL RISK
- High
- Medium
- Low

### Prevention advice given
- Yes
- No

### Preventive treatment required
- Yes
- No

### Operative treatment required
- Yes
- No

### 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):
- No Change
- Change

### Personal Care Plan Review
- Yes
- No

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*Record full details of any significant findings separately.*