Patient Name For office use D D M Y CHI Number	Oral Health Assessment and Review Checklist					
Date of Assessment Assessment Type FOHR / OHA Day Month Year Patient Histories Comment Comment • Personal details	Patient Name		For office us	е	D D M M Y Y	
Assessment Type FOHR / OHA Day Month Year Patient Histories Comment Personal details			CHI Num	ber		
Patient Histories Completed/Updated* Yes No Comment Social history			Date of A	ssessn	nent	
 Personal details Social history Dental anxiety level Dentist reviewed histories Dentist reviewed histories Dentist reviewed histories Clinical Assessment Completed/Updated* Yes No Condimutosal tissue Tooth surface loss Tooth surface loss Tooth surface loss Dental trauma Orthodontic needs Second full details of any significant findings separately. Yes No NIA Prevention advice given Prevention advice given Yes No ther (please note) OverAlLL RISK So y 12 18 21 24 Proposed date for next OHA (following completion of any treatment): So Change Change So Yange Change Yes Yes	Assessment Type FOHR / OHA		Day	Mo	nth Year	
Social history Dental history Dental axiety level Dentist axiety level Dentist reviewed histories ''f new patient, complete on the function of any treatment): Clinical Assessment Completed/Updated* Yes No Comment Constant issue Periodontal issue (BPE/plaque scores) Periodontal issue Periodontal issue Periodontal issue Periodontal issue Periodontal issue (BPE/plaque scores) Periodontal issue Periodontal issue		Yes	No		Comment	
 Dental history Medical history Dental ansiety level Dentist reviewed histories Interviewed histories Particula Assessment Completed/Updated* Yes No Comment Comment						
 Medical history Dential 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* Yes No Comment Head and neck Periodontal tissue (BPE/plaque scores) Tooth surface loss Tooth surface loss Tooth surface loss Dental trauma Dentit reviewed Occlusion Orthodontic needs Yes No N/A Dentures "Record full details of any significant findings separately." Oral mucosal disease So Change Kange Comment 						
 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* Yes No Comment Head and neck Oral mucosal tissue Periodontal tissue (BPE/plaque scores) Teeth Canies and restorations Tooth submentities Tooth submentities Dental trauma Occlusion Orthodontic needs Periodontic needs Orthodontic needs Yes No No Accord hull details of any significant findings separately. Effectiveness of treatment High Medium Low Prevention advices No Comment Prevention advices No Comment Prevention advices No Comment Prevention advices No Comment Prevention advice given No Comment Prevention advice given Yes No Prevention advice given Yes No Prevention advice given Yes No Prevention advice given Sood Comment Prevention advice given Yes No Prevention advice given Yes No Prevention advice given Comment Prevention advice given Co	5					
If new patient, complete new forms; if returning patient, ask patient if anything has changed and review forms completed previously Clinical Assessment Completed/Updated Yes No Comment • Head and neck	Dental anxiety level					
Clinical Assessment Completed/Updated* Yes No Comment • Head and neck						
• Head and neck	*If new patient, complete new forms; if returning patient,	ask patien	t if anything has	changed	d and review forms completed previously	
• Oral mucosal tissue		Yes	No		Comment	
 Periodontal tissue (BPE/plaque scores) Teeth Caries and restorations Tooth surface loss Tooth surface loss Tooth surface loss Tooth abnormalities Dothabormalities Dental trauma Occlusion Dental trauma Occlusion Orthodontic needs Periodontal disease Periodontal disease Caries Periodontal disease Caries Denter (please note) Other (pl						
 Teeth - Caries and restorations						
 Tooth abnormalities Fluorosis Dental trauma Patient compliance with advice Terres Patient compliance with advice Terres Dental disease Caries Other (please note) Terres Terres Soften treatment required Soften treatment required Soften treatment required Soften treatment required Soften treatment: 		Π				
 Fluorosis Dental trauma Dental trauma Dental trauma	- Tooth surface loss					
- Dental trauma	- Tooth abnormalities					
 Occlusion Orthodontic needs Periodontia disease Caries Caries Caries Caries Comment Com						
• Orthodontic needs						
Pentures Yes No N/A *Record full details of any significant findings separately. Image: Comment indings separately. Image: Comment indings separately. Effectiveness of treatment Image: Comment indings separately. Image: Comment indings separately. Image: Comment indings separately. Patient compliance with advice Image: Comment indings separately. Image: Comment indings separately. Image: Comment indings separately. Risk Assessment High Medium Low Comment indings separately. Oral mucosal disease Image: Comment indings separately. Image: Comment indings separately. Image: Comment indings separately. OverALLL RISK Image: Comment indings separately. Image: Comment indings separately. Image: Comment indings separately. Prevention advice given Yes No Image: Comment indings separately. OverALLL RISK Image: Comment indings separately. Image: Comment indings separately. Image: Comment indings separately. Prevention advice given Yes No Image: Comment indings separately. Image: Comment indings separately. Operative treatment required Image: Comment indings separately. Image: Comment indings separately. Image: Comment indings separately. <						
Dentures	Orthodontic needs					
Good Poor N/A Comment Effectiveness of treatment ''''''''''''''''''''''''''''''''''''	Dentures	Yes	No	N/A		
Effectiveness of treatment Yes No	*Record full details of any significant findings separately.					
Yes No Patient compliance with advice Image: Second s		Good	Poor	N/A	Comment	
Patient compliance with advice Image: Complete transmitted transmitt	Effectiveness of treatment					
Risk Assessment High Medium Low Comment • Oral mucosal disease <th>Patient compliance with advice</th> <th>Tes</th> <th></th> <th></th> <th></th>	Patient compliance with advice	Tes				
• Oral mucosal disease	-	High	Modium		Commont	
• Periodontal disease □ <th></th> <th></th> <th>wealum</th> <th></th> <th>comment</th>			wealum		comment	
• Other (please note) □ □ □ OVERALL RISK □ □ □ Prevention advice given □ □ □ Prevention advice given □ □ □ Preventive treatment required □ □ □ Operative treatment required □ □ □ Review Interval (months) (following completion of any treatment): □ □ □ 3 6 9 12 18 21 24 Proposed date for next OHA (following completion of any treatment): □				H		
OVERALL RISK	Caries					
Prevention advice given Yes No Comment Preventive treatment required I I Operative treatment required I I Operative treatment required I I Beview Interval (months) (following completion of any treatment): 18 21 3 6 9 12 15 18 Proposed date for next OHA (following completion of any treatment): I I	Other (please note)					
Prevention advice given	OVERALL RISK					
Preventive treatment required		Yes	No		Comment	
Operative treatment required Image: Comparison of any treatment iteration of any treatment iteration of any treatment iteration of any treatment iteration. 3 6 9 12 15 18 21 24 Proposed date for next OHA (following completion of any treatment): No Change Change Comment	-					
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 Comment	-					
3 6 9 12 15 18 21 24 Proposed date for next OHA (following completion of any treatment): No Change Change Comment		. ,				
Proposed date for next OHA (following completion of any treatment): No Change Change Comment			-	1	8 21 24	
No Change Change Comment						
			2	11).	Commont	
Personal Care Plan Review	Personal Care Plan Review				Comment	