

Professional Oral Health Assessment & Care Plan

(Modified from Kayser-Jones et al (1995), Chalmers and King)

Name:		
DOB:		Date:
Category	Healthy	Unhealthy
Lips	<input type="checkbox"/> Moist	<input type="checkbox"/> Chapped
Tongue	<input type="checkbox"/> Pink <input type="checkbox"/> Moist	<input type="checkbox"/> Red <input type="checkbox"/> Dry
Gums	<input type="checkbox"/> Pink <input type="checkbox"/> Firm	<input type="checkbox"/> Red <input type="checkbox"/> Spongy <input type="checkbox"/> Ulceration
Breath	<input type="checkbox"/> OK	<input type="checkbox"/> Bad
Saliva	<input type="checkbox"/> Plentiful <input type="checkbox"/> Watery	<input type="checkbox"/> Dry <input type="checkbox"/> Sticky/Frothy
Natural Teeth	<input type="checkbox"/> No decay <input type="checkbox"/> No Broken Teeth <input type="checkbox"/> All Firm	<input type="checkbox"/> Decay <input type="checkbox"/> Broken Teeth <input type="checkbox"/> Some Loose
Oral Cleanliness	<input type="checkbox"/> No Food Particles <input type="checkbox"/> No Tarter <input type="checkbox"/> Minimal Plaque	<input type="checkbox"/> Food Particles <input type="checkbox"/> Tarter <input type="checkbox"/> Thick Plaque
Dental Pain	<input type="checkbox"/> No Behavioural Signs <input type="checkbox"/> No Verbal Signs <input type="checkbox"/> No Physical Signs	<input type="checkbox"/> Behavioural Signs <input type="checkbox"/> Verbal Signs <input type="checkbox"/> Ulcerations,Swelling,Decay

Other Comments:

Dentition

- patient has natural teeth only
- patient has natural teeth and part denture (upper/lower)
- patient has no natural teeth and no dentures
- patient has dentures only (upper/lower)

Oral Health Care Plan

Natural teeth are to be brushed twice daily with a fluoride (use the size of a pea) twice daily. Dentures are to be removed and brushed daily.

Other preventive care specific to this resident:

- 1.
- 2.
- 3.
- 4.
- 5.

No further professional care is required at present

Further professional care is required

Name of person completing this form and contact details:

Name:

Address:

Suburb:

State:

Postcode:

Phone:

Fax:

Email: