

Oral Health Care Report for

DOB:

Category	Healthy	Unhealthy
Lips	Moist	Chapped
Tongue	Pink Moist	Red Dry
Gums	Pink Margins	Red Margins
Breath	Fresh	Unpleasant
Saliva	Plentiful Fluid	Dry Sticky/Frothy
Natural Teeth	No decay No broken teeth All firm	Decay Broken teeth Some loose
Oral Cleanliness	No food particles No Tartar Minimal Plaque	Food particles Tartar Moderate/Thick Plaque Moderate/Thick
Dental Pain	No behavioral signs No verbal indication No clinical signs	Behavioral signs Verbal indication Clinical signs

Treatment today

Treatment required

Actions required prior to next appointment

Oral Health Care Plan Dated :

Brush natural teeth twice daily with a fluoride toothpaste  
 Remove dentures and brush twice daily  
 Specific advice/products/approaches:

Dental/Denture Status

Natural teeth only  
 Natural teeth and part dentures – Upper / Lower  
 No natural teeth and dentures – Upper / Lower  
 No natural teeth and no dentures

Further professional care is required / Periodic review is required: 3 / 6 / 12 months

Managing Oral Health Practitioner/signature/date/contact details: