

oral health assessment

Patient Information

Name	<input type="text"/>
Address	<input type="text"/>
Date of Birth	<input type="text"/>
Name of person attending with patient	<input type="text"/>
	<input type="checkbox"/> Family <input type="checkbox"/> Friend or advocate <input type="checkbox"/> Support Professional
Medical Practitioner	<input type="text"/>
Formal disability diagnoses	<input type="text"/>
Reason for consultation /current dental issues	<input type="text"/>

Dental Assessment (completed by oral health professional)

Notes from discussion with Support Professional or carer. Include a brief review of Home Oral Care Plan.

CHECKS FOR DENTISTS:

- Develop rapport and familiarise the patient with the dental clinic/environment.
- Obtain understanding of patient's tolerance for dental examination.
- Explain what will be completed today including sedation, medication and each step of the treatment.

Dental observations (including treatment completed)

Follow up treatment required

NOTE TO ORAL HEALTH PROFESSIONALS:

Write instructions clearly so the Medical Practitioner, the patient and carer clearly understand necessary treatment. Details clearly outlining procedures will ensure that appropriate transport, post assessment meals and direct support can be coordinated.

Notes for the Medical Practitioner

Administration

Date of appointment to complete above work

Date of next PREVENTATIVE treatment

Patient and Support Professional have been reminded to bring Home Oral Care Plan to all appointments.

A copy of this form has been provided to:

Medical Practitioner (as listed at the top of this form)

Support Professional / patient. Please write name below.