Target Community & Educational Services, Inc.
...Targeting Dreams, Fostering Opportunities

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DENTAL EXAMINATION FORM

PART I: TO BE COMPLETED PRIOR TO VISIT

Client Name: _____ **Date:**_____

Frequency Oral Hygiene is Performed: _____ once daily _____ twice daily _____ three times/ day
_____ Rarely/Not done related to uncooperative behavior

Method of Oral Hygiene: _____ Independent, manual toothbrush _____ Staff assist, manual toothbrush
_____ Independent, electric toothbrush _____ Staff assist, electric toothbrush
_____ Flossing _____ Not Flushing _____ Oral Swabs

Gum Assessment: _____ No bleeding associated with oral hygiene
_____ Bleeding sometimes associated with oral hygiene
_____ Bleeding always associated with oral hygiene

Signature of Caretaker Accompanying Client:_____

PART II: TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

Gingival Assessment: Maxilla _____
Mandible: _____

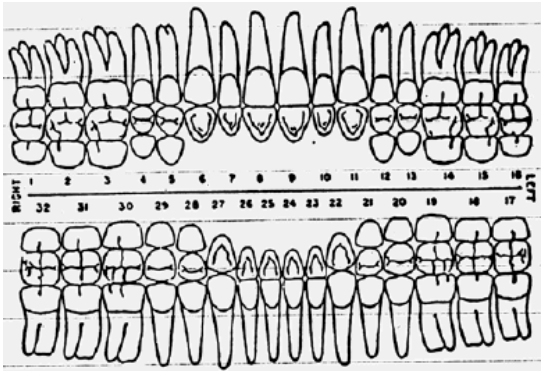
Growths:_____

Occlusion: _____

Ulcerations: _____

Dentures: _____ Satisfactory _____ Unsatisfactory

Other:



Tooth #	Problem	Recommendation	Intervention Performed

Services Rendered: _____ Cleaning/ Prophylaxis _____ X-ray _____ Other:_____

Plan/ Recommendations:_____

HCP Signature:_____

Printed Name: _____

Date/Time of Next Appointment: _____