

Gum health classification

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## **Oral Health Assessment**

## Outside the mouth

Jaw joint clicks and movement Muscles of the face	$\boxtimes$	Receding gums Mobile teeth	$\bowtie$
Glands of the neck		Digital Photography	
Face/jaw shape			
		Digital photo of teeth	
Soft tissues			
		Digital Radiographs	
Cheeks & lips		Back teeth	$\boxtimes$
Tongue		Single teeth x-ray	
Under the tongue			
Roof of mouth	$\bowtie$	Panoramic of teeth and jaws	
Digital record of teeth		Risk Assessment	
Missing teeth	$\square$		
Present dental work: fillings & crowns	$\boxtimes$	Mouth cancer risk: low medium	high 🗌
Present: bridges, implants, dentures		Risk of tooth decay: low medium	high 🗌
Shade of teeth	$\square$		
		Risk of Gum disease: low 🗌 medium	high 🗌
Bite assessment (occlusion)			
		Occlusal disease : low medium (teeth wear and fracture risk)	high 🔄
Teeth position: straight or crowded			
Chipped or worn teeth			
Cross bites and open bites			_
Function	$\boxtimes$	Written report to be emailed/ posted	
Treatment needed		Treatment Plan Options appointment	
Teeth to monitor	$\square$	Please bring anyone who may help you	u make
Teeth to treat		the decision on your treatment e.g.	
		partner/spouse	
Gum Health			
		Dr. Elizabeth Judson (BDS)	

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