

Dentist: \_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

<b>Dental history:</b>			
<b>Gingivae:</b>	0 Healthy 0 Mildly Inflamed 0 Severely Inflamed	<b>Oropharynx:</b>	
<b>Teeth:</b>	0 Cracked	<b>Teeth discoloration:</b>	0 Intrinsic    0 Extrinsic
	0 Sensitive to sweet	<b>Calculus:</b>	0 Slight    0 Moderate    0 Heavy
	0 Sensitive to sour food	<b>Tongue:</b>	<i>small, large, red, pink, etc.</i>
	0 Sensitive to drinks	<b>Malocclusion:</b>	0 Class I    0 Class II    Class III
	0 Sensitive to percussion	<b>Mentalis:</b>	
	0 Sensitive to hot or cold food or drink	<b>Swallowing:</b>	
<b>Palate:</b>		<b>Gag flex:</b>	
<b>Frenum:</b>		<b>Habits:</b>	0 Drinks tea, coffee, or wine
<b>Profile:</b>	0 Class I    0 Class II    0 Class III		0 Smokes / uses tobacco products
<b>Hygiene:</b>	0 Good    0 Fair    0 Bad	<b>Complications:</b>	0 Bleeds when brushing or flossing
<b>Abrasions:</b>			0 Bleeds profusely after tooth extraction
<b>Receded gums:</b>			0 Delayed healing after tooth extraction
<b>Mouth opening:</b>	mm		
<b>Prev dentist:</b>		<b>Contact #:</b>	
<b>Comment:</b>  Make a brief summery of the overall condition			