ORTHODONTIC EXAMINATION & DIAGNOSIS FORM

Operator: _____
Patient's name: _____
Age: _____
Sex: _____
Date of initial visit: _____

Key
For Section 2: Fill in these sections if 4 page E and D was presented on the same day
& Leave out for diagnostic case exercise unless information was provided
* Cancel one option
^ Fill in free text

SECTION 1: HISTORY

Chief complaint	& Family history
^	^
Medical history ☐ NRMH ☐ MH: _____ ☐ NKDA ☐ Allergies: _____	**& Habits** ☐ No habits ☐ Non-nutritive sucking habits ☐ Mouth breathing ☐ Bruxism ☐ Clenching
& Dental history ☐ Regular attendee ☐ Irregular attendee Date of last dental visit: _____	**Physical growth status** ☐ Pre-pubertal ☐ Pubertal ☐ Post-Pubertal
& Trauma history ☐ No ☐ Yes, Details: _____	**& Social history** ☐ Year of Study _____ ☐ Working *full time/part time ☐ Non-smoker ☐ Smoking _____ X per week
& Orthodontic treatment history ☐ No prior orthodontic treatment ☐ Prior orthodontic treatment Age/Details: _____	**& Attitude to treatment** ☐ Motivated (*Self/Others) ☐ Uncertain

SECTION 2: GENERAL DENTAL CONDITION (FILL IN ONLY **#** if 4 PAGE E AND D WAS PRESENTED)

Oral Hygiene	# Periodontal phenotype
☐ Good ☐ Fair ☐ Poor	☐ Thin ☐ Moderate ☐ Thick

Periodontal status
☐ Gingivitis
    ☐ Localised   ☐ Generalised
    ☐ Mild   ☐ Moderate   ☐ Severe
☐ Periodontitis (indicate teeth involved)
    ☐ Localised   ☐ Generalised
Location of PD: _____
☐ Gingival recession (indicate teeth involved)
    ☐ Localised   ☐ Generalised
Location: _____
	# Frenal Attachments (indicate location)
	☐ Normal ☐ Aberrant - Details: _____
	
	&Mobility (indicate teeth and grade involved)
	☐ Absent ☐ Present: _____
	
	#& Fremitus (indicate teeth involved)
	☐ Absent ☐ Present: _____
	
	# Width of Keratinised Gingiva (indicate location)
	☐ Adequate ☐ Inadequate @_____

Dentition

Type of dentition: ☐ Mixed ☐ Permanent

Teeth present intra-orally:

Caries activity	**Endodontic pathologies**
☐ Caries free	☐ Absent ☐ Present (Specify teeth involved) ____
☐ Active caries (Specify teeth involved)	Endodontically treated teeth
	☐ Absent ☐ Present (Specify teeth involved) ____
Dental anomalies:	**Functional occlusal findings:**
☐ Absent	Traumatic occlusion (indicate teeth involved)
☐ Present (indicate tooth no. and described)	☐ Absent ☐ Present _____
	CR-MI discrepancy (indicate magnitude and direction)
	☐ Absent ☐ Present _____

 # Other significant extra-oral findings:

SECTION 3: ORTHODONTIC EVALUATION

CLINICAL EVALUATION

A. Extra-Oral Examination

Frontal Facial Analysis	Profile Analysis
Facial form	**Soft tissue facial profile**
☐ Tapering ☐ Ovoid ☐ Square	☐ Straight ☐ Convex ☐ Concave
Vertical facial proportions	**Skeletal profile**
Vertical facial thirds: ____ : ____ : _____ Lower facial third : ____ : ____	☐ Class I ☐ Class II ☐ Class III
Facial symmetry	**& TMJ**

☐Symmetrical
 ☐Asymmetrical
  Location of asymmetry: _____
  Direction of asymmetry: ☐ Left ☐Right
 Occlusal cant
 ☐ Absent
 ☐ Present
   ☐ Clockwise ☐ Anti-Clockwise
	Clicking
	 ☐ Absent ☐ Present: *Left/Right
	 Pain (*TMJ / Muscles of Mastication)
	 ☐ Absent ☐ Present: *Left/Right
	 Deviation on opening
	 ☐ Absent ☐ Present: *Left/Right
	 Range of Movement
	 ☐ Normal ☐ Reduced

Lips	
Lip competence ☐ Competent ☐ Incompetent **Lip Protrusion** **Upper lip:** ☐Protrusive ☐Normal ☐ Retrusive **Lower lip:** ☐Protrusive ☐Normal ☐ Retrusive	**Naso-labial angle** ☐Obtuse ☐ 90º ☐ Acute
Lower Lip Trap ☐ Absent ☐ Present	**Labio-mental fold** ☐ Deep ☐ Average ☐Shallow

Tooth-Lip Relationships	
Incisor display at rest _____ mm	**Smile arc** ☐ Consonant ☐ Inconsonant
Incisor and gingival display during smile _____(mm) ____ (percentage) incisor display _____ (mm) gingival display	
&Circumoral muscles	
Tone ☐ Hypotonic ☐ Normal ☐ Hypertonic	**Tongue position (if anterior open bite is present)** ☐ Normal ☐ Tongue thrust

B. Intra-Oral Examination

Incisor relationship	Canine relationship
☐Class I ☐Class II Div 1 ☐Class II Div 2 ☐Class III	Right: _____ Left: _____
	Molar relationship Right: _____ Left: _____
Overjet _____ mm **Overbite** Tooth Number and location referenced: _____ Measurement: _____ mm, _____ %, ☐ Complete ☐Incomplete	**Crossbite (indicate teeth Involved)** ☐ Anterior ☐ Posterior ☐ Buccal crossbite (indicate in red) ☐ Lingual crossbite/scissor bite (indicate in blue)
Open bite (indicate teeth Involved)	**Upper dental midline** ☐ Coincident with facial midline ☐ deviated ____ mm *right/left of facial midline **Lower dental midline** ☐ Coincident with facial midline ☐ deviated ____ mm *right/left of facial midline

STUDY MODEL ANALYSIS

A. INTRA-ARCH ANALYSIS

Maxillary Arch	Mandibular Arch
Arch form ☐Tapered ☐ Ovoid ☐ Square	**Arch form** ☐Tapered ☐ Ovoid ☐ Square
Arch symmetry ☐Symmetrical ☐ Asymmetrical	**Arch symmetry** ☐Symmetrical ☐ Asymmetrical
Occlusal description of significant spatial displacement: ^	**Occlusal description of significant spatial displacement:** ^
Tooth size arch length discrepancy *Crowding/Spacing: _____ mm ☐ Mild ☐Moderate ☐Severe Specify location:	**Tooth size arch length discrepancy** *Crowding/Spacing: _____ mm ☐ Mild ☐Moderate ☐Severe Specify location:
	Curve of Spee: _____ mm ☐ Average ☐ Deep ☐ Flat

RADIOGRAPHIC EVALUATION

A. CEPHALOMETRIC ANALYSIS

Variable	Norm (Chinese)*	Patient's Measurements	Variable	Norm (Chinese)*	Patient's Measurements
SNA	83 ± 3º # (81 ± 3º)		Lower anterior face height	50-55% (55 ± 2%)	
SNB	80 ± 3º # (78 ± 3º)		U1-Mx	118 ± 6º # (109 ± 6º)	
ANB	3 ± 2º # (3 ± 2º)		L1-APog	5 ± 2mm # (1 ± 2mm)	
WITS	-4.5 ± 3mm (0-1mm)		L1-MP	97 ± 7º # (93 ± 6º)	
MMA	26 ± 5º (27 ± 4 º)		+Corrected L1-MP	░░░░░	
FMA	25 ± 5º (28 ± 4 º)		Lower lip to 'E' line	4 ± 2mm # (2 ± 2mm)	

*Chinese norms (Cooke and Wei 1988)
Caucasian norm (Eastman Standard)

+ The inclination of lower incisor needs to be adjusted if:
MMA is decreased (not within the normal range of 26 º ± 5º): Adjusted L1-MP = (26º - MMA) + 97º
MMA is increased (not within the normal range of 26 º ± 5º): Adjusted L1-MP = 97º - (MMA - 26º)
E.g. If MMA is 20 º, corrected L1=MP is **103 º ± 7º**
E.g. If MMA is 32 º, corrected L1=MP is **91º ± 7º**

B. OPG

Bone pathology ^	Caries location/Status of restorations ^
Teeth present ^	**Impacted teeth** ^
Dental age ^	**Radiographic bone loss** ^
Root morphology/length anomalies ^	**Periapical status** ^

C. OTHER RADIOGRAPHIC FINDINGS (if any BITEWINGS, PERIAPICAL RADIOGRAPHS)

^

DIAGNOSIS

A. GENERAL

> ^

B. ORTHODONTIC PROBLEM LIST

Skeletal ^
Dental ^
Soft tissue ^
Index of Orthodontic Treatment Need – Dental Health Component ^

FOLLOW-UP (tick the relevant box)

□ Interceptive treatment
□ Comprehensive orthodontic treatment
□ Monitor
□ No treatment

LEARNING ISSUES

Learning Issues	Date of Initiation	Date of Presentation	Staff Signature

Date of Case Presentation: _____ Staff Signature: _____
Staff Name: _____