

Name:

DOB:

SCCHC ID#:

Date:

PERIODONTAL ASSESSMENT

WNL - Within Normal Limits ✓ If condition presents

ORAL MUCOSA

or, _____

GINGIVA

Healthy Hypertrophic Hemorrhagic Fibrous Edematous
Recession Exudate Cyanotic Ulcerated Clefting Frenum Pull
MGJ: Adequate Inadequate
Other: _____
Comments: _____

RADIOGRAPHS

Widened PDL PA lesions Bone Loss: Hor. Vert.
Imp. Tth./Roots Poor Margins/Overhangs C/R Ratio
Other _____
Comments: _____

PLAQUE INDEX

Localized Generalized Light Moderate Heavy

STAIN

Localized Generalized Light Moderate Heavy

CALCULUS

Localized Generalized
Supra Scanty Supra Moderate Sub/Supra Moderate Sub/Supra Heavy

OHI

Sub/Supra Scanty
Aids _____ Frequency _____

Comments: _____

PERIODONTAL DIAGNOSIS

Gingivitis: Localized Generalized
Mild Moderate Severe Acute (anug)

Periodontitis: Localized Generalized
Early (mild) Advanced (moderate) Severe

Refractory Progressive Periodontitis:

Juvenile Periodontitis: Localized Generalized

Other: _____

Other: _____

Comments: _____

PROGNOSIS:

MAXILLARY				MANDIBULAR			
Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Guarded <input type="checkbox"/>	Poor <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Guarded <input type="checkbox"/>	Poor <input type="checkbox"/>
_____				_____			
_____				_____			