Oral Health Assessment

Clinic/Hospital Information	
Name:	Bright Smile Dental Clinic
Address:	23 Health Way, Wellness City, HC1234
Contact Number:	555-1234-567
Dentist/Oral Health Practitioner:	Dr. Sarah Lee
Date of Assessment:	October 15, 2024
Time of Assessment:	10:00 AM

Patient Information			
Name:	John Doe		
Age:	32	Gender:	Male
Date of Birth:	April 12, 1992		
Patient ID:	JD123456		
Contact Information:	555-9876-543		

Medical History
Current Medications: None
Past Medical History: Asthma
Allergies (Medication/Food): Penicillin
Family History of Dental Diseases: Father with periodontal disease

Dental History	
Last Dental Visit:	June 2023
Previous Dental Treatments (Fillings, Extractions, etc.):	Two fillings in molars, one extraction in 2019
Current Dental Concerns:	Sensitivity in lower molars, occasional bleeding gums

Lifestyle Habits
Tobacco Use: ☐ Yes ☑ No If yes, type:
Alcohol Consumption: ☐ Yes ☑ No
Dietary Habits (High in sugar, etc.): Moderate sugar intake, especially in beverages
Oral Hygiene Practices (Brushing, Flossing): Brushes twice daily, flosses irregularly
Oral Examination
1. Soft Tissue Examination
Lips, Cheeks, Floor of Mouth, Palate, Oropharynx: No abnormalities observed
Observations: Healthy appearance, no lesions or ulcers
2. Gum and Bone Health
Gingival Condition: Mild gingivitis noted in lower anterior region
Periodontal Screening (Bleeding, Pocket Depths): Bleeding on probing, pocket depths within 1
3. Teeth Examination
Missing Teeth: None
Caries: Early signs of decay in lower right first molar
Restorations (Fillings, Crowns): Two fillings in good condition
4. Occlusion and TMJ Assessment
Bite Alignment: Normal occlusion
TMJ Function: No signs of dysfunction, patient reports no pain
5. Oral Hygiene Status
Plaque and Tartar Levels: Moderate plaque, minimal tartar
Oral Hygiene Practices: Advised to improve flossing frequency
6. Saliva and Hydration
Saliva Flow: ☑ Normal ☐ Reduced
Signs of Xerostomia (Dry Mouth): ☐ Yes ☑ No
7. Oral Cancer Screening
Visual Inspection: No suspicious lesions
Palpation of Oral Tissues: No palpable masses
Radiographic Examination
Type of X-rays Taken: Bitewing X-rays on both sides

Findings:
Upon examination, the patient, John Doe, exhibits mild gingivitis, particularly in the lower anterior region, and early signs of decay in the lower right first molar. The soft tissue examination revealed no abnormalities, and the TMJ function is normal without any signs of dysfunction. The radiographic examination with bitewing X-rays identified early caries development but no significant bone loss.

Assessment and Diagnosis

Preliminary Diagnosis:
Mild gingivitis and early dental caries in the lower right first molar.

Risk Factors Identified:
Moderate sugar intake, irregular flossing habits, and a family history of periodontal disease.

Treatment Plan

Immediate Needs:
Address the early signs of decay in the lower right first molar and treat mild gingivitis to prevent progression.

Long-Term Oral Health Goals:
Achieve and maintain optimal oral hygiene, prevent the development of further dental caries and periodontal disease.

Recommended Treatments:
Dental cleaning to remove plaque and tartar buildup.
Application of fluoride treatment to strengthen enamel and prevent caries.
Filling treatment for the lower right first molar.

Preventive Measures:
Regular dental check-ups every six months.
Daily brushing with fluoride toothpaste and flossing at least once a day.

Patient Education

Oral Hygiene Instructions:
Brush teeth at least twice a day using a soft-bristled toothbrush and fluoride toothpaste.
Floss daily to remove plaque from areas your toothbrush can't reach.
Use an antiseptic mouthwash to help kill bacteria that cause plaque and gingivitis.

Dietary Recommendations:
Reduce sugar intake, especially in beverages and snacks.
Increase intake of water and foods high in fiber.
Include dairy products in your diet to help remineralize teeth.

Tobacco and Alcohol Use Counseling:
Strongly advised to avoid tobacco products to reduce the risk of oral cancer and periodontal diseases.
Limit alcohol consumption, as excessive use can contribute to oral health issues.

Consent for Treatment

I, [John Doe_____], hereby consent to the proposed dental treatment plan.

Patient's Signature: **Date:**

Dentist's Signature: **Date:**