

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient Name: \_\_\_\_\_ Dr: \_\_\_\_\_

**Category 1: Was a complete exam done today?:** No or Yes (circle one)

Date of last complete exam (if known): \_\_\_\_/\_\_\_\_/\_\_\_\_ or: New Patient? **Yes?**

Number of remaining teeth (deciduous or permanent [count all teeth]): \_\_\_\_

Any abscessed teeth? [clinical observation is adequate, definitive diagnosis not required]: **No** or **Yes**

Estimate number of teeth with active carious lesions: "0" "1-3" "4-10" "11+" (circle one)

Do any teeth require immediate treatment? **No** or **Yes** (circle one)

**Category 2:** Do any teeth require extraction? (excludes elective extraction for ortho, etc.): **No** or **Yes** (circle one)

**Category 3:** Any definitively diagnosed oral or pharyngeal cancer? **No** or **Yes** (circle one)

Any abnormal oral lesions indicated for biopsy? **No** or **Yes** (circle one)

**Category 4: CPI:** (excludes 3<sup>rd</sup> molars unless they are in a functional position [second molar or an abutment tooth])

1-5 6-11 12-16

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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28-32 22-27 17-21

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**X** No teeth in sextant

**0** No pockets > 3.5mm (black band fully visible)

**1** No pockets > 3.5mm Bleeding on probing (black band fully visible)

**2** No pockets > 3.5mm Calculus present (black band fully visible)

**3** Pocket > 3.5mm but < 5.5 mm (black band partially visible)

**4** Pocket > 5.5mm (black band not visible)

**Category 5: Active Caries Depth:** (includes all teeth, regardless of functional status or restorability)

1-5 6-11 12-16

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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28-32 22-27 17-21

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**X** All teeth in sextant are missing

**0** No caries present in sextant

**1** Caries present; deepest caries does not penetrate past DEJ

**2** Deepest caries penetrating past DEJ (includes any root surface caries)

**3** Deepest carious lesions encroaching on pulp chamber (from any surface)

**4** Deepest carious lesion penetrating into pulp chamber

**Category 6: Caries Risk:** Low Moderate High (circle one)

**Category 7: Smoking:** (can select multiple options): Never smoked tobacco Tobacco smoking consumption unknown

Occasional tobacco smoker

Light tobacco smoker

Heavy tobacco smoker

Smokes tobacco daily

E-cigarettes

Smokeless tobacco user

Ex-smoker

**Category 8: Diabetes?:** (Laboratory test/report is not required. Input based on provider discussion with patient.)

(can only select one option)

**No patient history of diabetes**

**Type I; well controlled**

**Type I; not well controlled**

**Type II; well controlled**

**Type II: Not well controlled**

**Category 9: Dry Mouth?:** (Laboratory test/report is not required. Input based on provider discussion with patient.)

Normal saliva

Reduced saliva flow

Very dry mouth (circle one)

If Very Dry Mouth: Pt using: (can select multiple options): saliva substitute fluoride rinse  
prescription strength fluoride toothpaste fluoride trays None