**Screening Form**

Dental Hygiene Clinic

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| Patient Name: |  |  | Referred To Clinic: | □ | I |
| Student Requested: |  |  | □ | II |
| Student Screener: |  | Date Screened: |  |  | □ | III |
|  |
| **Directions:** |  |
| 1. Conduct a medical history and take patient vital signs.
2. Get instructor’s or dentist’s permission to proceed.
3. Do a cursory screening for obvious lesions and pathologies.
4. Classify the patient for these characteristics by using an estimation, not tooth by tooth evaluation:
	1. Calculus Deposits – visual (use air), explore proximal surfaces only for estimate
	2. Estimated Periodontal Assessment Level – condition of gingiva, probe proximal surfaces only for estimate, mobility
	3. Count # of Teeth Present and note apparent existing conditions
	4. Treatment Considerations
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| **1. Teeth Present**: Count and record the molars, premolars or anterior teeth present in each sextant. Count all teeth present, primary or permanent dentitions (do not indicate primary and permanent as separate count tallies). |
|  | Premolars |  |  | Anteriors |  |  | Premolars |  |  |
|  | Molars |  |  |  |  |  | Molars |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Premolars |  |  | Anteriors |  |  | Premolars |  |  |
|  | Molars |  |  |  |  |  | Molars |  |  |
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| **2. Existing Restorations**: Indicate the (amount in number) of each type of restoration present. |
| Amalgams |  | Composites |  | Crowns |  | Fixed Bridges |  | Removable Partial Dentures |  |  |
|  |
| Full Dentures |  | Dental Implants |  | Orthodontic Bands: | Yes |  | No |  |  |
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| **3. Periodontal Classification of Patients for Scheduling Purposes- Make note of initial observation. This may be changed following radiographic examination.****Periodontal Health and Dental Plaque-Induced Gingivitis** (circle YES or NO) **Make note of estimated observation of Health/Gingivitis**

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| --- | --- | --- |
| **Intact Periodontium** | **Health** | **Gingivitis** |
| Clinical Attachment Loss | No | No |
| Radiologic Bone Loss | No | No |
| **Reduced Periodontium, Non-Periodontitis Patient** | **Health** | **Gingivitis** |
| Clinical Attachment Loss | Yes | Yes |
| Radiologic Bone Loss | Possible (Yes or No) | Possible (Yes or No) |
| **Successfully Treated Stable Periodontitis Patient** | **Health** | **Gingivitis** |
| Clinical Attachment Loss | Yes | Yes |
| Radiologic Bone Loss | Yes | Yes |

**Periodontitis Stage** (Mark appropriate choice for each column and circle correct Stage-\*Individual complexity or severity factors may shift Stage to higher level) **Make note of Estimated Screening Level of Periodontitis**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Interdental CAL** | **Radiographic Bone Loss** | **Tooth Loss** | **Probing Depth** | **Bone Loss** | **Other** |
| **Stage I (Initial)** | 1-2 mm | Coronal third  | No tooth loss due to periodontitis | 4 mm or < | Mostly horizontal |  |
| **Stage II (Moderate)** | 3-4 mm | Coronal third (15-33 %) | No tooth loss due to periodontitis | 5 mm or < | Mostly horizontal |  |
| **Stage III (Severe)** | 5 mm or > | Extends to mid-third of root or beyond | 4 or less teeth lost due to periodontitis | 6 mm or > | Vertical loss 3 mm or > |  |
| **Stage IV (Advanced)** | 5 mm or > | Extends to mid-third of root or beyond | 5 or more teeth lost due to periodontitis | 6 mm or > | Vertical loss 3 mm or > | Masticatory dysfunction Secondary occlusal trauma with tooth mobility > Class IIBite collapse, drifting or flaring teethSevere ridge defectLess than 20 remaining teeth |

**Periodontitis Grade** (Mark appropriate choice for each column and circle correct Grade-\*Individual risk factors may shift Grade to higher level) **Make note of estimated grade level. Other factors may change this at a later date.**

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|  | **Disease Progression/ Characteristics** | **Grade Modifiers** |
| **Grade A (slow rate)** | No additional bone or attachment loss over past 5 years | Nonsmoker |
|  | Low levels of tissue destruction | No history of diabetes |
| **Grade B (moderate rate)** | Evidence of *less than 2 mm* additional bone or attachment loss over a 5-year period  | Smoking less than 10 cigarettes a day and/or |
|  | Tissue destruction in line with expectations | An HbA1c of less than 7% in patients with diabetes |
| **Grade C (rapid rate)** | Evidence of *2 mm or more* of additional bone or attachment loss over a 5-year period  | Smoking 10 or more cigarettes a day and/or |
|  | Tissue destruction exceeds expectations | An HbA1c of 7% or greater in patients with diabetes |

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| **4. Calculus Classification of Patients for Scheduling Purposes (Level of Difficulty of Debridement)** |
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| **Calculus Deposit Classification** | **Amount of Deposits** | **Description** |
| Class 0 | Very slight/ no calculus | Very Slight supragingival calculus in one to two areas, such as the lower lingual anteriors and/or facial surfaces of maxillary molars  |
| Class I | Simple | Slight supragingival and /or subgingival calculus in more than 2-3 areas, usually not more than 1-2 mm deep. |
| Class II | Light/ Moderate | Moderate supragingival and/or subgingival calculus, not more than 3-4 mm deep, in two or more typical areas of the mouth such as the lingual of the mandibular anteriors, facial surfaces of maxillary molars or interproximally. |
| Class III | Moderate | Moderate to heavy supragingival and/or subgingival calculus generalized throughout the mouth, typically involving 2 or 3 surfaces of each tooth. Bands of calculus may be 2+ mm wide and may be deposited in scattered pockets of 3-5 mm. |
| Class IV | Heavy | Very heavy, hard, tenacious subgingival calculus generalized throughout the mouth. Accessibility may be difficult due to pockets or tooth alignment. |
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| 1. **Treatment Considerations:** Indicate treatment needed by checking circling each consideration.
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| Immediate referral to a physician for a medical concern | Immediate referral to an oral surgeon for a suspicious lesion |
| Immediate referral to a general dentist | Radiographs: CMX, Panorex, BWX |
| Possible Periodontal Case Study | Possible State Boards Patient |

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| Student Signature |  | Instructor or Dentist Signature |
| **Patient Compliance Agreement** |
| I have been informed of the findings from this screening appointment and the approximate cost of treatment here at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College/University Dental Hygiene Clinic. I understand that since this is a teaching institute I will be assigned to a student whose level of education requires the learning experience my dental condition provides. I am aware that the student who will be treating me expects me to arrive on time for my appointments and that being late or missing any appointments could result in discontinuation of my treatment since the student must have a patient in every clinic session in order to receive a passing grade for the clinical course. I understand that each appointment will be up to three hours long and that multiple appointments may be required to complete my treatment. My signature indicates my commitment to the student’s learning experience and my intent to attend all appointments or call at least 48 hours in advance to cancel my appointment so that the student can find a patient to replace me. |
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| Patient Signature |  |  |