

**DH Program Screening Form  
Dental Health Programs  
Screening Form**

Referred to Clinic: I II III IV  
Circle Appropriate Clinic

Patient's Name: \_\_\_\_\_ Student Requested \_\_\_\_\_  
Student Screener: \_\_\_\_\_ Date Screened: \_\_\_\_\_

**Directions:**

- A. Conduct a medical history and take patient vital signs.
- B. Get instructor's or dentist's permission to proceed.
- C. Do a cursory screening for obvious lesions and pathologies.
- D. Categorize the patient for these characteristics by using an estimation, not tooth by tooth evaluation:
  - 1. Calculus Deposits Skill Level – visual (use air), explore proximal surfaces only for estimate
  - 2. Periodontal Skill Level – condition of gingiva, probe proximal surfaces only for estimate, or PSR, check all teeth for mobility
  - 3. Count # of Teeth Present
  - 4. Existing Conditions
  - 5. Treatment Considerations
- E. Dentist prescribes radiographs and transfers patient to student in Radiology Rotation
- F. Dentist reads radiographs: recommends appropriate Clinic Level for care
- G. Patient referred to appropriate clinic for complete DH care (screener does not keep patient)

**Debridement Skill Levels (Not AAP Classification) How difficult is the debridement?**

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Author: Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation

**CALCULUS FORMATION; REFERENCE GUIDE**



Granular



Nodule



Spicule



Band



Finger-Like  
Projection



Proximal Ledge

**1. Calculus Deposits Skill Level: Circle the Calculus Deposit Skill Level**

0	No Calculus	Slight Calculus – requires little or no scaling
I	Simple	Supragingival calculus extending only slightly below the free gingival margin
II	Light/Moderate	Moderate amount of supragingival and subgingival calculus, or subgingival calculus only
III	Moderate	Abundance of supragingival and subgingival calculus, or subgingival calculus only
IV	Heavy	Generalized supragingival and subgingival ledges around cervical thirds of crowns and bands on most root surfaces

**2. Periodontal Skill Level: Circle Periodontal Skill Level**

	Probing Depths	Bleeding	Mobility
0	<4 mm	None	No
I	4 mm	Localized Points	No/Slight
II	5 mm	Generalized Points	Slight +1
III	6 mm	Moderate - Heavy	Moderate 2
IV	7 mm	Heavy	Severe 3

**3. 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 _____

**4. 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 \_\_\_\_\_ **Total: ≤4 >4**  
 Indicate by circling Yes or No for Orthodontic Bands

**5. Treatment Considerations:** Indicate treatment needed by placing X after each consideration:

Immediate referral to a physician for a medical concern \_\_\_\_\_

Immediate referral to an oral surgeon for a suspicious lesion \_\_\_\_\_

Immediate referral to general dentist \_\_\_\_\_

Possible periodontal case study \_\_\_\_\_

Possible mock clinical boards patient \_\_\_\_\_

Sealants # \_\_\_\_\_

Other obvious needs: \_\_\_\_\_

Radiographs (Check Type): CMX \_\_\_\_\_ Panorex \_\_\_\_\_ BWX \_\_\_\_\_

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Instructor's or Dentist's 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.

\_\_\_\_\_  
*Patient's Signature*