

Patient Dental Health Assessment

Dear Dr.

You and I share a mutual patient:

Patient's Name:

DOB:

In an effort to rule out the mouth as a source of bacteria and/or airway restrictions, I'm asking for the following information.

This patient: (please check all that apply)

- ☐ Is dentally and periodontally healthy (has no infections or airway restrictions and stable bite)
- ☐ Has not been to see me in more than _____ years
- ☐ Has never been to my office
- ☐ Has active periodontal disease
- ☐ Is undergoing periodontal treatment and actively involved in removing the infection. If you checked this section, please explain:
- ☐ Is not receiving periodontal treatment and has declined our recommendations.

Oral cancer screening results:

- ☐ Negative
- ☐ Positive

Possible airway obstructions:

- ☐ Tongue
- ☐ Tonsils
- ☐ Soft palate
- ☐ Has pulpal involvement (needs one or more root canals or extractions)
- ☐ Is removing infections with root canals or extractions. Treatment is expected on:
- ☐ Stable occlusion (bite)
- ☐ Other:

If our mutual patient is not following through on oral care, please inform us. We will encourage their oral health care. Thank You

Signature

