

**History**

Respiratory disease       Diabetes       Xerostomia (dry mouth)       Cancer  
 Alzheimer's / Dementia       Heart disease       Stroke (difficulty brushing)       GERD  
 Impaired nutrition       Osteoporosis       Arthritis (difficulty brushing)       \_\_\_\_\_  
 Immune suppression (Dialysis, Viral infection)  
 Periodontal disease     Gingivitis       Oral Cancer \_\_\_\_\_  
 Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Assessment**

Own Teeth, none or few missing \_\_\_\_\_  
 Existing teeth in good repair, without notable dark areas or jagged edges  
 Missing upper     Missing lower     Edentulous \_\_\_\_\_  
 Roots showing (sign of Periodontal disease)      Teeth have dark or black areas (sign of decay)  
 Crusting between teeth or at base of teeth (sign of plaque/tarter)  
 Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mucus membranes pink and moist, no signs of redness or discolorations  
 Red swollen gums, recessed gums (sign of Gingivitis)       Bleeding       White spots  
 Red areas \_\_\_\_\_       Sensitivity       Dry mouth  
 Concerns \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Care Plan**

Goal: \_\_\_\_\_  
 \_\_\_\_\_

No appliance     Lower partial     Upper partial     Full upper       Full lower  
 Resident performs own oral cares       Uses regular tooth paste  
 Staff to provide cueing and or set up       Denture adhesive or other non medicated cream  
 Staff provide assist with oral cares       Medicate oral gel, rinse or paste  
 Dependent on staff for oral cares       Medication / Prophylactics \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Follow up Dental exams \_\_\_\_\_

Resident name	First	Middle	Last	Signature	Date
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