

# Periodontal assessment forms

An essential element in the patient treatment plan

Murray L. Arlin, D.D.S., F.R.C.D.(C)

When examining a patient with significant periodontal disease, it is essential that you utilize properly designed charts. An accurate record of the patient's "baseline" periodontal status is critical in order to be able to diagnose, design a treatment plan and monitor the patient's condition. Similarly, a customized chart is required for those patients who are on a periodontal maintenance program. Subtle changes in the periodontium are more quickly diagnosed when comparing accurate periodontal measurements (i.e. pockets, mobilities etc.). Proper charts that facilitate comparison of measurements over many appointments are far better than "eyeballing" the patient's status.

It is not my suggestion that every patient in general practice be assessed using the forms I describe. Rather, I do suggest all patients be *carefully* screened for periodontal disease. If, in fact, disease is diagnosed, and proper periodontal treatment is indicated, it *must* be preceded by thor-

Dr. Arlin has a private periodontics practice in Toronto.

We are pleased to present the first publication of this article, written especially for *Oral Health*.

ough examination, diagnosis and treatment planning. If the situation is beyond the capability of the general practitioner, referral to a periodontist is needed.

In this article, I will discuss the components of two periodontal forms that I use. The first is my "Active Chart", used initially and throughout active therapy. The second is my "Periodontal Maintenance Record". It is not within the scope of this particular article however, to discuss the:

- a) technique of the examination and consultation;
- b) analysis of the information gathered;
- c) diagnosis, prognosis, treatment planning;
- d) treatment techniques;
- e) guidelines for referral; and

f) guidelines for establishing a proper maintenance program.

The components of a periodontal assessment form suitable for patients initially (i.e. "active chart") include: 1) *Chief Complaints* (Figure 1). It is often easy to become so involved with the details of a complex case that we forget to address the patient's main reasons for seeking treatment.

2) *Medical, Dental History* (Figure 1). A detailed medical and dental history are best documented on a separate form. Significant findings should be transferred onto a section of the periodontal assessment form for easy reference. An abbreviation of WNL (within normal limits) that is checked off, assures that the medical has been done.

3) *Habit History* (Figure 1). Incorporate a section in your chart to make note of any parafunctional habits your patient has that may be of significance. You may find it convenient to use a check-list type of format.

4) *Oral Examination* (Figure 2). As with the habit history section, a check-list format saves time and writing. Certain abbreviations such as WNL (within normal limits), and M.A.G. (minimal attached gingiva) are useful.

| DENTAL HISTORY               |                      | HABIT HISTORY |                          |
|------------------------------|----------------------|---------------|--------------------------|
| Last cleaning _____          |                      | Clenching     | <input type="checkbox"/> |
| Perio tx. _____              |                      | Bruxism       | <input type="checkbox"/> |
| _____                        |                      | T.B. Abrasion | <input type="checkbox"/> |
| _____                        |                      | TMJ           | <input type="checkbox"/> |
| _____                        |                      | Sensitivity   | <input type="checkbox"/> |
| WNL <input type="checkbox"/> | <b>MEDICAL ALERT</b> | Gag Reflex    | <input type="checkbox"/> |
| _____                        |                      | Misc.         | <input type="checkbox"/> |
| _____                        |                      |               |                          |

Figure 1. Chief complaint, dental history, habit history and medical alert.

| ORAL EXAMINATION                        |                                    | <input type="checkbox"/> WNL |
|---|------------------------------------|------------------------------|
| 1. PHARYNX                              | 5. FLOOR                           |                              |
| 2. PALATE                               | 6. TONGUE                          |                              |
| 3. CHEEKS                               | 7. GINGIVA                         |                              |
| 4. LIPS                                 | 8. ABSCESS _____                   |                              |
| DENTURE TRAUMA <input type="checkbox"/> | RECESSION <input type="checkbox"/> |                              |
| INFLAMMATION <input type="checkbox"/>   | _____                              |                              |
| M.A.G. <input type="checkbox"/>         | _____                              |                              |
| _____                                   |                                    |                              |

Figure 2. Oral examination.



| ORAL HYGIENE                      |                          |                          |                          |                          |                          |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Date                              | /                        | /                        |                          |                          |                          |
|                                   | MIN.                     | MOD.                     | HEAVY                    | SUPRA                    | SUB                      |
| PLAQUE                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CALCULUS                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| STAIN                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| PRE TX AIDS:                      | Bx                       | , Fx                     |                          |                          |                          |
| DATE                              | AIDS                     | PROGRESS / AREAS MISSED  |                          |                          |                          |
|                                   |                          |                          |                          |                          |                          |
|                                   |                          |                          |                          |                          |                          |
|                                   |                          |                          |                          |                          |                          |
|                                   |                          |                          |                          |                          |                          |
| RESTORATIVE/RADIOGRAPHIC FINDINGS |                          |                          |                          |                          |                          |
| 1. CARIES:                        |                          |                          |                          |                          |                          |
| 2. P.A. AREAS:                    |                          |                          |                          |                          |                          |
| 3. POOR MARGINS:                  |                          |                          |                          |                          |                          |
| 4. FURCA. INV.:                   |                          |                          |                          |                          |                          |
| 5. IMPACTED TEETH / ROOTS:        |                          |                          |                          |                          |                          |
| 6.                                |                          |                          |                          |                          |                          |
| 7.                                |                          |                          |                          |                          |                          |

Figure 3. Oral hygiene. Restorative — radiographic findings.

| OCCLUSAL ANALYSIS       |   |
|-------------------------|---|
| 1.                      | ARCH. RELATIONS _____   |
| 2.                      | OVERBITE _____  |
| 3.                      | OVERJET _____   |
| 4.                      | VERT. DIM. _____  |
| 5.                      | SLIPS _____   |
| 6.                      | MIGRATION _____   |
| 7.                      | FREMITUS _____  |
| 8.                      | FACETS _____  |
| 9.                      | C.R. _____  |
| 10.                     | R.L. _____  |
| 11.                     | L.B. _____  |
| 12.                     | L.L. _____  |
| 13.                     | R.B. _____  |
| 14.                     | P. _____  |
| 15.                     | X-BITE _____  |
| 16.                     | APPLIANCE — HAWLEY NIGHT GUARD _____  |
| 17.                     | OCC. ADJ. _____   |
| DATE COMPLETED / /      |   |
|                         | Gross    Cent.    Lat.    Pro.  |
| EQUILIBRATION COMPLETED | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Figure 4. Occlusal analysis.

5) Oral Hygiene Status (Figure 3). Numerous scientific studies have emphasized the critical importance of the patient's oral hygiene in main-

taining periodontal health. This section is extremely important and deserves your attention. You should document:

- a) the quantity and location of local deposits;
- b) the current oral hygiene aids in use and the frequency with which they are employed;
- c) an assessment over a series of several appointments of the patient's progress and any changes in the types of aids being used.

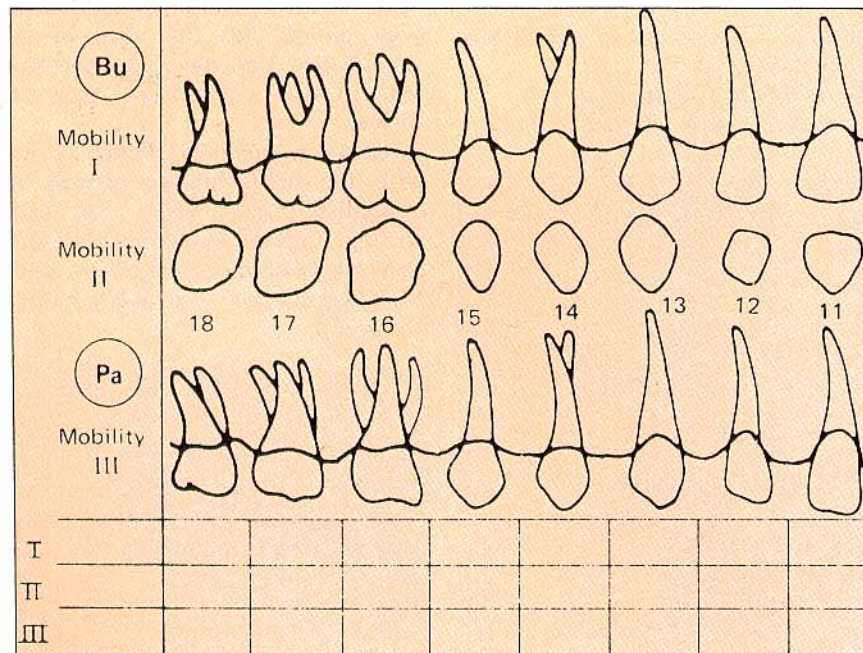


Figure 5. Grid and tooth diagrams (representative of actual chart size).

6) Radiographic Findings (Figure 3). Significant findings should be noted as well as "drawn" where possible on the tooth diagrams in the chart. Although not strictly within the scope of this article, it is worth mentioning that when analyzing radiographs one must keep in mind the inherent limitations. Radiographs are not accurate indicators of a) periodontal pockets, b) inflammation, c) treated vs. untreated cases, d) mobility and e) radicular bone morphology. As well, periodontal patients require a good quality full mouth series utilizing the "paralleling system" to minimize angulation distortion.

7) Occlusal Analysis (Figure 4). The



| DIAGNOSIS/PROBLEMS | PROGNOSIS       | RE-EVALUATION  | DATE ___ / ___ / ___ |
|--------------------|-----------------|--|----------------------|
| 1.                 | OVERALL Mx: Md: | OH:  |                      |
| 2.                 | GOOD            | CALCULUS: MINIMAL <input type="checkbox"/> MODERATE <input type="checkbox"/> ABUNDANT <input type="checkbox"/> |                      |
| 3.                 | FAIR            | RESIDUAL AREAS:  |                      |
| 4.                 | GUARDED         |  |                      |
| 5.                 | QUEST.          |  |                      |
| 6.                 | POOR            |  |                      |
| 7.                 |                 |  |                      |
| 8.                 | HOPELESS        |  |                      |

| PERIODONTAL TREATMENT PLAN  | COMPLETED ACTIVE TREATMENT   |                          |                          |                          |                      |                 |                         |             |  |  |
|---|--|--------------------------|--------------------------|--------------------------|----------------------|-----------------|-------------------------|-------------|--|--|
| <input type="checkbox"/> 1. EXAM, FMX, DUP. FMX, PHOTOS, MODELS, CONSULT<br><input type="checkbox"/> 2. OHI <input type="checkbox"/> RE-OHI <input type="checkbox"/> FILM <input type="checkbox"/> HANDOUTS <input type="checkbox"/><br><input type="checkbox"/> 3. S/RP: _____<br><input type="checkbox"/> 4. REEV _____<br><input type="checkbox"/> 5. RX: _____<br><input type="checkbox"/> 6. OCC ADJ <input type="checkbox"/> HAWLEY NIGHT GUARD <input type="checkbox"/><br><input type="checkbox"/> 7. SURGICAL FLAP <input type="checkbox"/> MUCO <input type="checkbox"/><br><input type="checkbox"/> 8. ALTERNATIVES _____<br><input type="checkbox"/> 9. EXTRACTIONS INITIAL <input type="checkbox"/> POST <input type="checkbox"/><br><input type="checkbox"/> 10. INTERIM RESTORATIVE _____<br><input type="checkbox"/> 11. FINAL RESTORATIVE _____<br><input type="checkbox"/> 12. MAINTENANCE _____<br><input checked="" type="checkbox"/> (COMPLETED TX.) (CIRCLE TX. TO BE DONE) | <table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SCALING<br/>CURETTAGE</td> <td>FLAP<br/>SURGERY</td> <td>MUCOGINGIVAL<br/>SURGERY</td> </tr> <tr> <td colspan="3">OTHER _____</td> </tr> </table>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SCALING<br>CURETTAGE | FLAP<br>SURGERY | MUCOGINGIVAL<br>SURGERY | OTHER _____ |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> |                          |                          |                      |                 |                         |             |  |  |
| SCALING<br>CURETTAGE  | FLAP<br>SURGERY  | MUCOGINGIVAL<br>SURGERY  |                          |                          |                      |                 |                         |             |  |  |
| OTHER _____   |  |                          |                          |                          |                      |                 |                         |             |  |  |
|   | PERIODONTAL MAINTENANCE PLAN   |                          |                          |                          |                      |                 |                         |             |  |  |
|   | 1. INITIAL RECALL IN _____ MONTHS<br>2. RECALL INTERVAL IS _____ MONTHS<br>3. ALL HERE <input type="checkbox"/> ALL AT G.P. <input type="checkbox"/> PT. REQUEST <input type="checkbox"/><br>4. ALTERNATING: HERE _____<br>AT GP _____<br>5. PERIO REEV. IN _____ MONTHS TO<br>CONSIDER NEED FOR _____ |                          |                          |                          |                      |                 |                         |             |  |  |

Figure 6. Diagnosis/problems, prognosis, re-evaluation, periodontal treatment plan, completed active Tx, restorative suggestions, periodontal master.

role of occlusion in the progression of periodontitis is controversial and thus so are the indications for occlusal adjustment. All periodontal examinations should include a complete occlusal analysis. The examination can be easily carried out following an abbreviated list as outlined in Figure 4 (C.R. – centric relation, R.L. – right lateral excursion, R.B. – right balancing interferences, P. – protrusive excursion contacts, X-Bite – teeth in crossbite etc.). Your analysis should also include indications for appliance therapy such as a hawley anterior bite plate or a night guard.

8) *Circuit Charting* (Figure 5). Your assessment form should have a large section devoted to diagrams of the teeth illustrating facial, occlusal and oral surfaces. In conjunction with these diagrams there should be a “grid” with sufficient space to accommodate three series of pocket measurements (three sets of mobility

|         |       |       |       |       |       |       |       |       |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|
| BUCCAL  | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|         | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|         | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|         | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|         | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|         | 18    | 17    | 16    | 15    | 14    | 13    | 12    | 11    |
| PALATAL | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|         | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|         | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|         | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|         | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Figure 7. Periodontal maintenance form – front.

