

Oral Health Assessment Tool

Name _____ Completed by _____ Date _____

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Is independent | <input type="checkbox"/> Needs reminding | <input type="checkbox"/> Needs supervision | <input type="checkbox"/> Needs full assistance |
| <input type="checkbox"/> Will not open mouth | <input type="checkbox"/> Grinding or chewing | <input type="checkbox"/> Head faces down | <input type="checkbox"/> Refuses treatment |
| <input type="checkbox"/> Is aggressive | <input type="checkbox"/> Bites | <input type="checkbox"/> Excessive head movement | <input type="checkbox"/> Cannot swallow well |
| <input type="checkbox"/> Cannot rinse and spit | <input type="checkbox"/> Will not take dentures out at night | | |

Healthy	Changes	Unhealthy	Dental Referral
---------	---------	-----------	-----------------

Lips			
Healthy	Changes	Unhealthy	Dental Referral
<input type="checkbox"/> Smooth, pink, moist	<input type="checkbox"/> Dry, chapped or red at corners	<input type="checkbox"/> Swelling or lump, red/white/ulcerated bleeding/ulcerated at corners *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Tongue			
Healthy	Changes	Unhealthy	Dental Referral
<input type="checkbox"/> Normal moist, roughness, pink	<input type="checkbox"/> Patchy, fissured, red, coated	<input type="checkbox"/> Patch that is red and/or white/ulcerated, swollen *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Gums and Oral Tissue			
Healthy	Changes	Unhealthy	Dental Referral
<input type="checkbox"/> Moist, pink, smooth, no bleeding	<input type="checkbox"/> Dry, shiny, rough, red, swollen, sore, one ulcer/sore spot, sore under dentures	<input type="checkbox"/> Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Saliva			
Healthy	Changes	Unhealthy	Dental Referral
<input type="checkbox"/> Moist tissues watery and free flowing	<input type="checkbox"/> Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth	<input type="checkbox"/> Tissues parched and red, very little/no saliva present, saliva is thick, resident thinks they have a dry mouth *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Healthy	Changes	Unhealthy	Dental Referral
---------	---------	-----------	-----------------

Natural Teeth			
Healthy	Changes	Unhealthy	Dental Referral
<input type="checkbox"/> No decayed or broken teeth or roots	<input type="checkbox"/> 1- 3 decayed or broken teeth/ roots, or teeth very worn down	<input type="checkbox"/> 4 or more decayed or broken teeth/ roots or fewer than 4 teeth, or very worn down teeth *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dentures			
Healthy	Changes	Unhealthy	Dental Referral
<input type="checkbox"/> No broken areas or teeth, worn regularly, and named	<input type="checkbox"/> 1 broken area or tooth, or worn 1-2 hours per day only or not named	<input type="checkbox"/> 1 or more broken areas or teeth, denture missing / not worn, need adhesive, or not named *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Oral Cleanliness			
Healthy	Changes	Unhealthy	Dental Referral
<input type="checkbox"/> Clean and no food particles or tartar in mouth or on dentures	<input type="checkbox"/> Food, tartar, plaque 1-2 areas of mouth, or on small area of dentures	<input type="checkbox"/> Food particles, tartar, plaque most areas of mouth, or on most of dentures *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dental Pain			
Healthy	Changes	Unhealthy	Dental Referral
<input type="checkbox"/> No behavioural, verbal or physical signs of dental pain	<input type="checkbox"/> Verbal &/or behavioural signs of pain such as pulling at face, chewing lips, not eating, changed behaviour.	<input type="checkbox"/> Physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal &/or behavioural signs (pulling at face, not eating, changed behaviour) *	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Unhealthy signs usually indicate referral to a dentist is necessary

Assessor Comments