Woodstock General & Implant Dentistry

PERIODONTAL RISK ASSESSMENT FORM

Patient's Name: _____ Date: _____

Patient Interview:

Chief Concern: _____

Habits: ☐ Smoker/Chewer ☐ Bruxer/Clencher ☐ Other: _____

TX Concerns: _____

Expectations: _____

Review Dental History:

Freq. of visits: _____ Recent hygiene: _____

Hx of perio surgery: _____ Recent Dentistry: _____

Diag. of perio Dx: _____ Hx of Ortho: _____

Recommend. For perio surgery: _____ Sensitive teeth/bleeding gums: _____

Hx of family perio Dx: _____ Gum Recession: _____

Review Pertinent Medical History:

Systemic: _____ Medications: _____

Alcohol/Drug Abuse: _____ Artificial Joints, Valves, stents: _____

Chemo/Radiation Therapy: _____ Auto-immune Disorders: _____

Allergies: _____ Other: _____

Diagnostics:

Soft Tissue: _____ Gingival Recession/MG Defects: _____

Mobility/Percussion: _____ Probing: _____

Calculus: _____ Alveolar Bone Loss: _____

Tooth Vitality: _____ Osseous Defects: _____

Bleeding/Exudate: _____ Occlusal Assessment: _____

Furcation (s): _____ Inflammation/Infection: _____

Diagnostics:

☐ Acute ☐ Mild ☐ Juvenile ☐ Gingivitis

☐ Chronic ☐ Moderate ☐ Adult ☐ Periodontitis

☐ Severe

Note: _____

AAP Case Type:

☐ AAP Case Type 0 ☐ AAP Case Type 3

☐ AAP Case Type 1 ☐ AAP Case Type 4

☐ AAP Case Type 2

Note: _____

General Treatment Plan:

☐ PST Genetics Test: _____

With Hygienist:

☐ Adult Prophy: ☐ Laser Assistaed

☐ Scale/Root Plane: ☐ Full Mouth ☐ Site Specific

☐ Debridement: ☐ Probing ☐ Perio Prophy

Recare Interval: _____

☐ Antimicrobials: _____

With Dentist:

☐ LANAP ☐ Full Mouth ☐ Site Specific _____

☐ Splinting ☐ Possible ☐ Necessary _____

☐ Occlusal Adjust

Recare Interval: _____

Comments:

_____

_____

_____

_____

_____

Dentist: _____ Date: _____