

Figure 2

Pediatric/Adolescent Oral Health Survey

Patient's Name: _____

Date: _____

Parent/Guardian: _____

Examiner's Name: _____

(To be completed by the child and parent)

I. Directions: Please check all of the following related to your teeth and gums.

Are you experiencing any of the following?

- | | |
|--|--|
| 1. Red, swollen or tender gums?
Yes <input type="checkbox"/> No <input type="checkbox"/> | 6. Pus in your gums?
Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Pain in your mouth?
Yes <input type="checkbox"/> No <input type="checkbox"/> | 7. Sores in your mouth?
Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Bleeding while brushing, flossing or eating hard food?
Yes <input type="checkbox"/> No <input type="checkbox"/> | 8. Persistent bad breath?
Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Gums that are receding or pulling away from the teeth
causing your teeth to look larger than before?
Yes <input type="checkbox"/> No <input type="checkbox"/> | 9. A change in the way your teeth fit
together when you bite?
Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Loose or separating teeth?
Yes <input type="checkbox"/> No <input type="checkbox"/> | 10. Other Findings?
Yes <input type="checkbox"/> No <input type="checkbox"/> |

Describe: _____

Referred for dental examination :

Yes ☐ No ☐

Comments:

II. Oral Assessment performed by the Dental Hygienist

Using appropriate PPE (personal protective equipment), tongue blade and good light source examine the teeth and gingiva for the following:



Bleeding

Bleeding gums during tooth brushing, flossing or any other time.

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Clinical Signs ☐ Yes ☐ No



Puffiness

Swollen and bright red gums.

www.perio.org

Clinical Signs ☐ Yes ☐ No



Recession

Gums that have receded away from teeth, sometimes exposing roots.

www.perio.org

Clinical Signs ☐ Yes ☐ No



Mild Decay

www.ada.org/topics/decay

Clinical Signs ☐ Yes ☐



Moderate Decay

www.ada.org/topics/decay

Clinical Signs ☐ Yes ☐



Severe Decay

www.ada.org/topics/decay

Clinical Signs ☐ Yes ☐

III. Dental Hygiene Treatment Plan:
