

Figure 3
Geriatric Oral Health Survey

Patient's Name: _____

Date: _____

Examiner's Name: _____

(To be completed by the patient)

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"/> | 7. Sores in our mouth?
Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Pain in your mouth?
Yes <input type="checkbox"/> No <input type="checkbox"/> | 8. Persistent bad breath?
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"/> | 9. A change in the way your teeth fit together when you bite?
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"/> | 10. A change in the fit of partial dentures?
Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Loose or separating teeth?
Yes <input type="checkbox"/> No <input type="checkbox"/> | 11. Other Findings?
Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Pus between your gums and teeth?
Yes <input type="checkbox"/> No <input type="checkbox"/> | Describe: _____

_____ |

Referred for dental examination:

Yes ☐ No ☐

Comments: _____

II. Oral Assessment done 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.

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Clinical Signs ☐ Yes ☐ No



Recession

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

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Clinical Signs ☐ Yes ☐ No



Mild Periodontitis

www.perio.org

Clinical Signs ☐ Yes ☐ No



Moderate Periodontitis

Mobility/ Bone Loss

www.perio.org

Clinical Signs ☐ Yes ☐ No



Caries/Root Caries

www.ada.org/topics/decay

Clinical Signs ☐ Yes ☐ No

III. Dental Hygiene Treatment Plan:

