Assessment Categories	TABLE 2. Process of Care Operatory Chart Model ^{6,7}				
Systemic health	Signs/Symptoms - Elevated blood pressure	Dental Hygiene Diagnosis Patient-reported systemic disease factors:	Relate to: • Overweight/obesity	Dental Hygiene Care Planning - Physician referral	
Vital signs Medications	Flevated temperature	Cardiovascular disease Cardiopulmonary obstructive pulmonary disorder		Physician referral Referral for further glucose testing beyond chairside testing	
(prescription/over the	Irregular respiration Irregular pulse/arrhythmia	disorder • Asthma	Allergic response/ Hypersensitivity Previous reaction to local anesthetic	Referral for further blood pressure evaluation	
counter/ herbals)	Anaphylaxis Hypoglycemia	Asthma Diabetes/prediabetes	Current tobacco use History of tobacco use		
Assessments Glucose	Hyperglycemia Overweight/obesity	Cerebrovascular accident Bleeding disorder	Prescription medication Over-the-counter medications or	vaccination consultation • Dietary counseling	
Allergies	Underweight Shortness of breath	Seizure disorder		Registered dietitian referral Oral pathology self-exam	
Skin Nutrition	Shortness of breath Bruising/bleeding	Autoimmune disease Immunocompromised Status	Other recreational drug/alcohol use Radiation therapy	Dermatologist referral Sleep apnea referral	
Sleep Xerostomia	Bruising/bleeding Skin lesions Confusion/altered state	Pregnancy Active infectious disease	Eating disorders	Sleep apnea referral Alcoholic program referral	
Risk	Confusion/altered state Other	Active intectious disease Drug/alcohol addiction Mental health condition	Sjögren syndrome or other autoimmune condition Inadequate access to care	Alcoholic program referral Smoking cessation counseling and referral	
Other		Mental health condition Risk for infection	Inadequate access to care Other	Social services referral	
		Impaired swallowing		General/specialty dentist referral Stress reduction protocol	
		Risk for emergency Risk for oral cancer		Other	
		Risk for bleeding Impaired physical mobility			
		Impaired physical mobility Risk for unstable glucose levels			
		Unhealthy body image Risk for syncope			
		Risk for heart palpitations Risk for anxiety			
		Risk for recurrence			
		Xerostomia Other			
Patient's needs/values/	Patient's chief concern	Psychomotor deficits	Oral esthetics	General/specialty dentist referral	
self-care preferences assessment	Biofilm and calculus present Oral pain	Poor oral self-image Poor oral self-care	Inadequate parental supervision for oral self- care Patient dexterity	Orthodontist referral Oral health education	
Readiness for health improvement	 Lack of knowledge about oral disease etiology 	Knowledge deficit	Patient dexterity Patient attitudes Inadequate oral health education	Teeth whitening system Oral health education	
Tobacco cessation Dietary counseling	Lack of awareness of oral health prevention		Inadequate oral health education Limited value on eral health	Social services referral Mental health counseling referral	
Stress reduction	Misconception about biofilm		Limited value on oral health Lack of interest in oral health	Mental nealth counseling referral	
	Malocclusion		 Lack of exposure to evidence-based literature 		
Behavioral health	Patient fear expressed	Patient anxiety	Lack of exposure to information	Physician referral	
assessment	Intraoral pain or sensitivity No dental exam within past 2 years	Excessive stress Inadequate oral self-care	Patient concerned about: Infection control	Mental health counseling referral Social services referral	
	• Other	Impaired physical mobility	Radiation safety	Stress reduction protocol	
		Caregiver role strain Impaired memory	Fluoride safety Previous negative experience	Nitrous oxide/oxygen analgesia Oral health education	
			Misconception about oral product safety and efficacy	Occupational therapist referral Physical therapist referral	
		Patient reported mental health factors	Misconception about oral product safety and efficacy Cost of care Other	. лужын англарты тетет/а!	
		Autism Spectrum Dementia	• omer		
		Alzheimer's disease Post-traumatic stress disorder			
		Depression			
		Grieving/sorrow Other			
Family/social/cultural	Communication difficulties due to Lock of interpreter	Family heliefs/hindrance to care	Language barrier	Physician referral	
assessment	Iack of interpreter Transportation difficulties	Social hindrance to care Cultural beliefs/hindrance to care	Inadequate access to care Cultural or religious beliefs prohibit some health care	Social services referral Interpreter	
	 Patient expressed concerns regarding cost of care 	Potential for injury	some health care Patient reports:	Oral health education	
	Inadequate biofilm control		Plays contact sports	Sports mouthguard	
Mucosal assessment	Extraoral/intraoral swelling, lump, growth	Low oral cancer risk Moderate and cancer risk	Patient reports:	Physician referral	
	Frythmplakia natch (red)	Moderate oral cancer risk High oral cancer risk	Sore/ulcer/lesion Difficulty swallowing	Oral pathology self-exam Dermatologist referral	
	Leukoplakia patch Sore/lesion/ulcer present over 2	Extreme oral cancer risk Abnormal oral cancer screening (referral	Lump/swelling/growth Herpes simplex virus	Oral Surgeon referral Ear-nose-throat physician referral	
	weeks	indicated)	Human papillomavirus Infection	2 week re-eval appointment	
		Oral infections • Candidiasis	Current tobacco use History of tobacco use Alcohol consumption		
		Herpes labialis Aphthous stomatitis	Alcohol consumption Antibiotic thorony		
		Pericoronitis	Antibiotic therapy Chemotherapy		
		Other Risk for Recurrence	Radiation therapy Crohn's disease		
			Corticosteroid use (inhaler)		
			Immunosuppression Dentures Xerostomia		
			Partially enunted tooth		
			Other		
Dental assessment	Teeth with signs of disease Demineralization evident	Dental caries risk • Low caries risk	Nutrition and diet Eating disorders	Oral health education General dentist referral	
Readiness for dietary counseling	Missing teeth Defective restorations	Moderate caries risk	Lack of regular dental/ dental	Endodontist referral	
low moderate		High caries risk Extreme caries risk	Lack of regular dental/ dental hygiene care appointments Inadequate oral self-care behaviors	Orthodontist referral Dietary counseling	
moderate high	Abfraction	Risk for recurrence	Malocclusion Orthodontic appliances	Dietary counseling Registered dietitian referral	
	Chewing difficulty Intraoral pain or sensitivity Inadequate biofilm control	Types of caries • Smooth surface caries	Recession Impaired physical mobility	Social services referral Occupational therapist referral	
	Inadequate biofilm control Caries evident on radiographs	Root surface caries Proximal	Impaired physical mobility Signer condrome	Fluoride varnish application Silver diamine fluoride application (SDF)	
	Inadequate parental supervision for	Pit and fissure caries	Sjögren syndrome Previous radiation to the head and neck	Sealant placement	
	Inadequate parental supervision for oral self-care Other	Rampant caries Early childhood caries	Xerostomia	Interim therapeutic restorations (ITR) Atraumatic restorative treatment (ART)	
		• Other	 Inadequate access to care Other 		
Periodontal health, gingival diseases and conditions	Oral malodor	Periodontal Health and Gingival Health	Systemic disease	Oral health education to manage biofilm and inflammation	
diseases and conditions	Gingival inflammation Bright red gingival tissue	Gingival health on an intact periodontium Gingival health on reduced periodontium: stable periodontitis patient	 Pregnancy Medication (oral contraceptives/anticonvulsive drugs) 	biofilm and inflammation • Prophylaxis	
	Soft, spongy tissue	stable periodontitis patient	contraceptives/anticonvulsive drugs)	Prophylaxis Full-mouth debridement	
	 Soft, spongy tissue Fibrotic, clefting, festooning, bulbous, rolled, or cratered tissue 	 Gingival health on reduced periodontium: nonperiodontitis patient 	Malnutrition (ascorbic acid deficiency)	Dietary counseling Smoking cessation counseling	
	Bleeding on probing	2. Gingivitis: Dental Biofilm-Induced	Viral, bacterial, or fungal infection Allergic reaction	Physician referral Orthodontist referral	
	Bleeding on probing Probing depths 0 mm to 4 mm Intraoral pain or sensitivity Inadequate biofilm management	Biofilm only Systemic or local risk factors	Traumatic lesion	Social services referral Occupational therapist referral	
	Inadequate biofilm management Calculus present		Malocclusion Orthodontic appliances Inadequate access to care	Occupational therapist referral	
	Inadequate parental supervision for oral self-care	3. Gingival Diseases: Nondental Biofilm-Induced	Inadequate access to care Inadequate access to care		
	• Other	Genetic/developmental	Inadequate access to care Inadequate oral self-care behaviors Impaired physical mobility		
		Specific infections Inflammatory/immune	 Lack of regular dental/dental hygiene care appointments 		
		Reactive processes Neoplasms	Other		
		Endocrine, nutritional, metabolic			
		Traumatic lesion Gingival pigmentation			
Periodontal assessment:	Oral malodor	Necrotizing Periodontal Diseases	• Age	Oral health education to manage	
Forms of periodontitis		Necrotizing gingivitis Necrotizing periodontitis	Systemic disease History of periodontal disease		
or periodoffittis	Bone loss Class I furcation involvement			Tobacco cessation, counseling and referral	
or periouonititis	Class I furcation involvement	Necrotizing periodontitis Necrotizing stomatitis	Malocclusion Occlused trauma		
or periodofititis	Class I furcation involvement Class II, II, or IV furcation involvement Tooth mobility (Class I, II, III) Probing doubles 3 mm to 4.	 Necrotizing stomatitis Periodontitis as a Manifestation of Systemic Disease 	Malocclusion Occlusal trauma Overhanging restoration	Periodontal maintenance Nonsurgical periodontal therapy	
or periodonitis	Class I furcation involvement Class II, II, or IV furcation involvement Tooth mobility (Class I, II, III) Probing depths 3 mm to 4 mm/attachment loss 1 mm to 2 mm Probing depths 5 mm to 7. Probing depths 5 mm to 7.	Necrotizing stomatitis Periodontitis as a Manifestation of Systemic Disease Periodontitis A. Stages	Malocclusion Occlusal trauma Overhanging restoration Use of tobacco Inadequate access to care	Nonsurgical periodontal therapy Local anesthesia Nitrous-oxide/oxygen analgesia	
or periodofititis	Class I furcation involvement Class II, II, or IV furcation involvement Tooth mobility (Class I, II, III) Probing depths 3 mm to 4 mm/attachment loss 1 mm to 2 mm Probing depths 5 mm to 7 mm/attachment loss 1 mm to 4 mm	Necrotizing stomatitis Periodontitis as a Manifestation of Systemic Disease Periodontitis A. Stages Stame I: Inditial	Malocclusion Occlusal trauma Overhanging restoration Use of tobacco Inadequate access to care Inadequate oral self-care behaviors	Nonsurgical periodontal therapy Local anesthesia Nitrous-oxide/oxygen analgesia Iocalized delivery of medications	
or periodofilitis	- Class I, II, or IV furcation involvement - Class II, II, or IV furcation involvement - Tooth mobility (Class I, II, III) - Probing depths 3 mm to 4 mm/attachment loss 1 mm to 2 mm - Probing depths 5 mm to 7 mm/attachment loss 1 mm to 4 mm - Probing depths greater than 7 mm/ attachment loss over 5 mm/ attachment loss over 5 mm/	Necrotizing stomatitis Periodontitis as a Manifestation of Systemic Disease Neriodontitis Nesses Stage: Initial Stage: Il: Moderate Stage: Il: Moderate Stage: Il: Moderate	Malocclusion Occlusal trauma Overhanging restoration Use of tobacco Inadequate access to care Inadequate access to care Inadequate arabely Lack of regular dental dental	Nonsurgical periodontal therapy Local anesthesia Nitrous-oxide/oxygen analgesia Localized delivery of medications Oral irrigation	
у реповойны	- Class I, II, or Vincation involvement - Class II, II, or Vincation involvement - Tooth mobility (Class I, II, III) - Probing depths 3 mm to 4 mm/attachment loss 1 mm to 2 mm - Probing depths 5 mm to 7 - Probing depths 5 mm to 7 - Probing depths greater than 7 mm/attachment loss 1 mm to 4 mm - Probing depths greater than 7 mm/ attachment loss ower 5 mm - Recession - Intraoral pain or sensitivity - Intraoral pain or sensitivity	Necrotizing stomatitis Periodontitis as a Manifestation of Systemic Disease Neriodontitis A. Stages Stage I: Initial Stage III: Moderate Stage III: Severe with potential for additional tooth loss	Malocclusion Occlusal trauma Overhanging restoration Use of tobacco Inadequate access to care Inadequate access to care Inadequate access to care Dental treatment anxiety Lack of regular dental dental hygiene care appointments Stress Stress	Nonsurgical periodontal therapy Local anesthesia Nitrous-oxide/oxygen analgesia Localized delivery of medications Oral irrigation Dietary counseling Registered dietitian referral Physician referral	
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