

**Patient examination template**

Identity	Name, age, where they live?
RFA	How can we help you today?
HPC	Onset, description, frequency, triggers, relieving factors
MH	Review any "yes" responses Are you taking any medications - review responses Have you taken anything in past 24 hours, past week? Do you have any allergies? Are there any inheritable diseases in your family? Are you under active care of a GP or is it emergency only?
DH	How often do you go to the dentist? When did you last see a dentist and what did they do? Can you describe your daily dental routine? Have you ever had any pain or clicking from your jaw joints? Do you grind your teeth? (Wear a night guard?) Do you bite your nails, chew pens? How do you feel about dental treatment? What do you think about the appearance of your teeth? What types of dental treatment have you had previously? Have you ever had any difficult treatment?
SH	What is your job? What do you rehydrate yourself with daily? Do you snack? (On what?) Do you play contact sports? (Wear a sports guard?) Do you smoke? (Details, would you like info on cessation?) Do you drink alcohol? (Details, incl if use fizzy drinks)
EO exam	Facial symmetry - general Skin tone, swellings, skeletal profile Lymph nodes Dental symmetry - TMJ (clicks, crepitus, discomfort, open/close), ICP (occlusion class), guidance (lateral, anterior), interference
IO exam	Soft tissues 1. Examine lips, tongue (out, lateral), floor of mouth, cheeks, hard palate, soft palate, tonsils (say ahh look for symmetry), uvula, gingiva 2. CPITN - score 0 to 4, if 3/4 follow with Williams charting 3. Bleeding scores - do concurrently with CPITN probe  Hard tissues 1. DMFT charting sheet & toothwear & trauma (fractures) & other abnormalities 2. Summarise in notes - teeth present, carious, monitoring 3. Plaque scores
Aid to diagnosis	If needed - radiographs, impressions, vitality tests etc <a href="#">Percussion test</a> , <a href="#">diet sheet</a> ,
Treatment plan	E.g. Routine cleaning, OHI & maintenance