INITIAL PERIODONTAL - OCCLUSAL ASSESSMENT  Patient______________________Dr.____________________

Date_________________  Last dental examination/visit _______________________

Chief Complaint

Previous treatment history for periodontal and or occlusion concerns:

Present Periodontal Findings

Plaque Level/Accumulation:  Low  Moderate  Heavy  Generalized____  Localized________

Calculus Deposits:  Low  Moderate  Heavy  Generalized____  Localized________

Bleeding on Probing:  Minimal  Moderate  Severe  Generalized____  Localized________

Diagnosis

Gingivitis:  Mild  Moderate  Severe  Periodontitis:  Mild  Moderate  Severe

Other pathology or pertinent findings:

Periodontal Screening and Categorization

Type I  = Pocketing <3.5 mm, minor bleeding and no calculus.
Type II  = Pocketing <3.5 mm, bleeding on probing, minor calculus.
Type III = Pocketing <4.5 mm, bleeding on probing and calculus present
Type IV  = Pocketing depths of 3.5 – 7.0 mm.
Type V  = Pocketing depth > 7.0 mm.

Additional pertinent findings/comments

Occlusal Assessment

Protrusive _______________  Smile Line__________________

Right Lateral _______________  Left Lateral________________

CR=CO _______________  OVD__________________

X-Bites__________________  Interferences________________

Pertinent Findings/Comments

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