Patient name:

Date of birth:

**Patient routine and resources**

Has the patient got:

|  |  |  |  |
| --- | --- | --- | --- |
| Has the patient got any of the following available? | Yes | No | Additional comments |
| Toothbrush  |  |  | Manual/Electric |
| Toothpaste  |  |  |  |
| Floss/interdental brushes |  |  |  |
| Upper denture |  |  |  |
| Lower denture |  |  |  |
| Denture pot and brush |  |  |  |
| If no have additional oral hygiene products been provided? Yes No |
| Can the patient provide their own effective oral hygiene routine? |
|  Yes No |

|  |  |
| --- | --- |
| Do they require any level of support: |  |
| Gentle reminders to complete mouth care |  |
| Some assistance with routine e.g help to sink |  |
| Fully dependant on carers to carry out routine |  |

***Dental history***

|  |  |  |
| --- | --- | --- |
| Is the patient registered with a dentist? | Yes No | *Please provide dentist details:* |
| When was their last dental visit? |
| 6months ago 1 year ago more than 1 year |
| Does the patient have any problems in the mouth? Including pain, discomfort, ulceration  | Yes No | Details: |
| If they are experiencing problems have arrangements been made to see a dentist?  | Yes No | Details: |

***Oral assessment***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Low risk (L) | Moderate risk(M) | High risk(H) | L/M/H |
| Lips  | Pink and moist | Dry/crackedDifficulty opening mouth | Swollen Ulcerated |  |
| Tongue  | Pink and moist | Dry/fissured/shinyYellow/brown coating | Look abnormalWhite coatingVery sore or ulcerated |  |
| Cheekspalateunder tongue | CleanSaliva presentLooks healthy  | Mouth is drySticky secretionsFood debrisUlcer less than 10 days present | Very dry or painfulUlcer lasting more than 10 daysMultiple ulcersLooks abnormal |  |
| Teeth and gums | CleanPink gums | UncleanBroken or loose teethBleeding or red gums | Severe painSwelling |  |
| Dentures  | CleanComfortable for patient | UncleanLoose in the mouthPatient will not remove | LostBroken or unable to wear |  |

Comments (including patient risk and actions taken)