

ACUTE (CHIEF COMPLAINT):

Systemic (Medical History):	Systemic & Local Risk Factors: Non Modifiable: Modifiable:
Acute Disease (DH Diagnosis): Caries Risk: <input type="checkbox"/> High <input type="checkbox"/> Mod <input type="checkbox"/> Low Perio Risk: <input type="checkbox"/> High <input type="checkbox"/> Mod <input type="checkbox"/> Low	Rationale for Caries Risk: Rationale for Perio Risk:
Disease Control (Care Plan):	Estimated number of Appointments:
Oral Health Education/Strategies Oral Health Lit. Level Check appropriate level: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Appt 1 PFS:
Instrumentation Services:	
Oral Health Education/Strategies:	Appt 2 PFS:
Instrumentation Services:	
Re-evaluation (hard and/or soft tissues):	
Anticipated Treatment Outcomes:	
Definitive Care (Referrals): To: <input type="checkbox"/> Restorative <input type="checkbox"/> Perio <input type="checkbox"/> Oral Sx <input type="checkbox"/> Endo <input type="checkbox"/> Other: _____ For:	Maintenance Interval: _____ months

Faculty Signature: _____

Date: _____

Comments:
