

oral health assessment

To be completed by the dental practitioner and communicated to medical and allied health professionals.

Patient Information

Name

Address

Date of Birth

Parent/carer details

Family Friend or advocate Support Professional

Relevant medical and allied health contacts.

Health professional's name	Profession	Contact number	Organisation.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Formal disability diagnoses

Existing dental issues and potential concerns arising

Other existing conditions

Current medications

Allergies

Reason for consultation /current dental issues

Dental Assessment

Dental practitioner to review Home Oral Care Plan with parent or carer then write a brief summary of required planning or supports. May include protocols for familiarisation, behaviour support, communication, and consent.

CHECKS FOR DENTAL PRACTITIONERS:

- Before completing the dental assessment: Develop understanding of patient's tolerance for dental examination and explore familiarisation options with family or carer(s).

Dental observations (including treatment completed):

Overview of treatment performed so far. (Includes preventive, restorative and interceptive treatments, and potential complications impacting ongoing systemic health issues.)

Follow up treatment required:

Includes maintenance of treatment, prescribed medications.

Follow up referrals:

Note issues or phenomena requiring potential referrals to other specialists and allied health professionals.

NOTE TO DENTAL PRACTITIONERS:

As this form will be read by medical and allied health professionals, it is important that details of required procedures or investigations are described clearly. This will allow family, carers or other support professionals to coordinate these appointments.

Additional notes for the Medical or Allied Health Professional

Administration

Date of appointment to complete above work

Date of next **preventative** treatment

Parent, carer or support professional has been reminded to bring Home Oral Care Plan to all appointments.

A copy of this form has been provided to:

Medical or Allied Health Professional(s) (as listed at the top of this form)

Parent, carer, or support professional. Please write name below.