ORAL HEALTH CENTRE OF WESTERN AUSTRALIA

Form 40

Orthodontic Examination Record

Use Patient Barcode Label

Given Name _____
Surname _____
DOB _____
TEMP _____

Main Complaint

Medical History (please complete the medical history questionnaire)

General Health: Good / Poor

Dental History

Trauma: N / Y (#)
Premature Tooth Loss: N / Y (#)
Regularity of Dental Checks: 6/12 12/12 irregular
Oral Habits: N / Y *(specify)*

Past Dental Experience:

Social History

School: Year

Behaviour:	Good	Well adjusted	Introverted	Restless	Difficult	Uncooperative
Parental Support:		Supportive		Indifferent		Difficult

Other Comments:

Growth

Body Type:	Ecto	Meso	Endo
Height: cm	Weight: kg	Parent's Height: cm	
Menarche: N / Y	at age:		
Developmental Status:	Prepubertal	Pubertal	Postpubertal / Adult

TMJ / Occlusal

Range of Movement

Max. Inter-incisal Opening: 40-50 mm (norm/rest) 8-12
Lat. Excursion: R mm / L mm
Deviation on Opening: N / Y (right / left)
CR-CO shift: N / Y *(specify)*

Signs and Symptoms

Clicks/Crepitus: N / Y (right / left)
TMJ Pain: N / Y
Masticatory muscles tender?: N / Y

Protrusion 6-10
Retrusive 1-2.

Facial

Frontal:

Shape:	ovoid	taper	square	Type:	dolico	meso	brachy
Symmetry:	N / Y *(specify)*			LFH:	long	equal	short
Lips:	competent	incompetent	potentially competent				

Incisal display: at rest 1-2 mm at smile 100 % mm gingival display
Cant of occlusal plane: N / Y *(specify)* (over 8) 1 for female 0 for male

Profile:	straight	convex	concave	*Upper Lip:*			
Nose:	normal	small	prominent	Length: 82 mm	normal	short	long
Nasolabial angle:	normal 90-120	obtuse >120	acute<90	Curvature:	straight	concave	convex
Mode of breathing:	nasal	oral	both	Inclination:	straight	proclined	retroclined
Nasal passages:	clear	blocked		Attachment: 40 %			
Chin:				*Lower Lip:*			
Mental sulcus:	normal	flat	deep	Position:	balanced	everted	procumbent
Chin button:	normal	flat	prominent	Mentalis:	normal	hypotonic	hypertonic

Do not write within this shaded area

Form 40 Orthodontic Examination Record *continuation*

Intra-Oral Examination

Soft Tissue						
Oral mucosa:	pink and healthy	pathology (*specify*)				
Tonsils:	normal	enlarged				
Frenum:	Upper:	normal	high	Lower:	normal	high
Periodontal health						
Oral hygiene:	good	fair		poor		
Gingiva:	healthy	inflamed		generalised	localised to	
BOP:	none	slight		profuse		
Attached gingiva:	adequate	inadequate <3mm (*specify*)				
Pocketing:	absent	present (*specify*)				

Hard Tissue				
Teeth present				
Condition of existing restorations:	caries-free	good	acceptable	poor
Caries risk:	low	high		

Occlusion									
OJ: 2-3 mm	normal			increased		reduced			
OB: 30-40 %	minimal			normal		deep			impinging
Molar occlusion:	right	I	II	III	left	I	II	III	
Canine occlusion:	right	I	II	III	left	I	II	III	
Open bite:	absent	present (*specify*)							
Cross bite:	absent	present (*specify*)							

Dental midlines					
Upper to facial:	correct	deviated to:	right	left	
Lower to facial:	correct	deviated to:	right	left	
Upper and lower dental midline coincident?:			Y	N (*specify*)	

Patient Signature: (Parent or guardian if under 18 years)			Date:
Clinician Signature:	Clinician ID:	Supervisor Signature: (If student clinician)	Supervisor ID:

Do not write within this shaded area