Form 3: Oral Health Assessment Tool

Name of Resident: _____ **Completed by:** _____ **Date:** ____/____/____

Resident:
- ◯ Is independent
- ◯ Needs reminding
- ◯ Needs supervision
- ◯ Needs full assistance
- ◯ Will not open mouth
- ◯ Grinding or chewing
- ◯ Head faces down
- ◯ Refuses treatment
- ◯ Is aggressive
- ◯ Bites
- ◯ Excessive head movement
- ◯ Cannot swallow well
- ◯ Cannot rinse and spit
- ◯ Will not take dentures out at night

Lips

Healthy	Changes	Unhealthy	Dental Referral
◯ Smooth, pink, moist	◯ Dry, chapped or red at corners	◯ Swelling or lump, red/white/ulcerated bleeding/ulcerated at corners *	◯ Yes ◯ No

Tongue

Healthy	Changes	Unhealthy	Dental Referral
◯ Normal moist, roughness, pink	◯ Patchy, fissured, red, coated	◯ Patch that is red and/or white/ ulcerated, swollen *	◯ Yes ◯ No

Gums and Oral Tissue

Healthy	Changes	Unhealthy	Dental Referral
◯ Moist, pink, smooth, no bleeding	◯ Dry, shiny, rough, red, swollen, sore, one ulcer/ sore spot, sore under dentures	◯ Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures *	◯ Yes ◯ No

Saliva

Healthy	Changes	Unhealthy	Dental Referral
◯ Moist tissues watery and free flowing	◯ Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth	◯ Tissues parched and red, very little/no saliva present, saliva is thick, resident thinks they have a dry mouth *	◯ Yes ◯ No

* Unhealthy signs usually indicate referral to a dentist is necessary

Assessor Comments

Natural Teeth

Healthy	Changes	Unhealthy	Dental Referral
◯ No decayed or broken teeth or roots	◯ 1- 3 decayed or broken teeth/roots, or teeth very worn down	◯ 4 or more decayed or broken teeth/roots or fewer than 4 teeth, or very worn down teeth *	◯ Yes ◯ No

Dentures

Healthy	Changes	Unhealthy	Dental Referral
◯ No broken areas or teeth, worn regularly, and named	◯ 1 broken area or tooth, or worn 1-2 hours per day only, or not named	◯ 1 or more broken areas or teeth, denture missing/not worn, need adhesive, or not named *	◯ Yes ◯ No

Oral Cleanliness

Healthy	Changes	Unhealthy	Dental Referral
◯ Clean and no food particles or tartar in mouth or on dentures	◯ Food, tartar, plaque 1-2 areas of mouth, or on small area of dentures	◯ Food particles, tartar, plaque most areas of mouth, or on most of dentures *	◯ Yes ◯ No

Dental Pain

Healthy	Changes	Unhealthy	Dental Referral
◯ No behavioural, verbal or physical signs of dental pain	◯ Verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, changed behaviour	◯ Physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, changed behaviour) *	◯ Yes ◯ No