Periodontal assessment forms

An essential element in the patient treatment plan

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When examining a patient with significant periodontal disease, it is essential that you utilize properly designed charts. An accurate record of the patient's "baseline" periodontal status is critical in order to be able to diagnose, design a treatment plan and monitor the patient's condition. Similarly, a customized chart is required for those patients who are on a periodontal maintenance program. Subtle changes in the periodontium are more quickly diagnosed when comparing accurate periodontal measurements (i.e. pockets, mobilities etc.). Proper charts that facilitate comparison of measurements over many appointments are far better than "eyeballing" the patient's status.

It is not my suggestion that every patient in general practice be assessed using the forms I describe. Rather, I do suggest all patients be carefully screened for periodontal disease. If, in fact, disease is diagnosed, and proper periodontal treatment is indicated, it must be preceded by thorough examination, diagnosis and treatment planning. If the situation is beyond the capability of the general practitioner, referral to a periodontist is needed.

In this article, I will discuss the components of two periodontal forms that I use. The first is my "Active Chart", used initially and throughout active therapy. The second is my "Periodontal Maintenance Record". It is not within the scope of this particular article however, to discuss the:

a) technique of the examination and consultation;

b) analysis of the information gathered;

c) diagnosis, prognosis, treatment planning;

d) treatment techniques;

e) guidelines for referral; and

Dr. Arlin has a private periodontics practice in Toronto. We are pleased to present the first publication of this article, written especially for Oral Health.

The components of a periodontal assessment form suitable for patients initially (i.e. "active chart") include:

1) Chief Complaints (Figure 1). It is often easy to become so involved with the details of a complex case that we forget to address the patient's main reasons for seeking treatment.

2) Medical, Dental History (Figure 1). A detailed medical and dental history are best documented on a separate form. Significant findings should be transferred onto a section of the periodontal assessment form for easy reference. An abbreviation of WNL (within normal limits) that is checked off, assures that the medical has been done.

3) Habit History (Figure 1). Incorporate a section in your chart to make note of any parafunctional habits your patient has that may be of significance. You may find it convenient to use a check-list type of format.

4) Oral Examination (Figure 2). As with the habit history section, a check-list format saves time and writing. Certain abbreviations such as WNL (within normal limits), and M.A.G. (minimal attached gingiva) are useful.

Figure 1. Chief complaint, dental history, habit history and medical alert.

Figure 2. Oral examination.
5) Oral Hygiene Status (Figure 3). Numerous scientific studies have emphasized the critical importance of the patient’s oral hygiene in maintaining periodontal health. This section is extremely important and deserves your attention. You should document:

- a) the quantity and location of local deposits;
- b) the current oral hygiene aids in use and the frequency with which they are employed;
- c) an assessment over a series of several appointments of the patient's progress and any changes in the types of aids being used.

6) Radiographic Findings (Figure 3). Significant findings should be noted as well as “drawn” where possible on the tooth diagrams in the chart. Although not strictly within the scope of this article, it is worth mentioning that when analyzing radiographs one must keep in mind the inherent limitations. Radiographs are not accurate indicators of a) periodontal pockets, b) inflammation, c) treated vs. untreated cases, d) mobility and e) radicular bone morphology. As well, periodontal patients require a good quality full mouth series utilizing the “paralleling system” to minimize angulation distortion.

7) Occlusal Analysis (Figure 4). The
<table>
<thead>
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<th>Diagnosis/Problems</th>
<th>Prognosis</th>
<th>Re-Evaluation</th>
<th>Date / /</th>
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<tbody>
<tr>
<td>1.</td>
<td>Overall</td>
<td>Mx: Md:</td>
<td>OH:</td>
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<tr>
<td>2.</td>
<td>Good</td>
<td></td>
<td>Calculus: Minimal □ Moderate □ Abundant □ Residual Areas:</td>
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<tr>
<td>3.</td>
<td>Fair</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
<td>Quest.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Poor</td>
<td></td>
<td></td>
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<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Hopeless</td>
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**Periodontal Treatment Plan**

- 1. Exam, FMX, DUP. FMX, Photos, Models, Consult
- 2. OH, RX, Handouts
- 3. S/RP
- 4. REEV
- 5. RX
- 6. Occl. Adjuvant Hawley Night Guard
- 7. Surgical Flap, Muco
- 8. Alternatives
- 9. Extractions Initial, Post
- 10. Interim Restorative
- 11. Final Restorative
- 12. Maintenance

**Completed Active Treatment**

- Scaling
- Curettage
- Flap Surgery
- Mucogingival Surgery
- Other

**Periodontal Maintenance Plan**

1. Initial recall in ___________ Months
2. Recall Interval is ___________ Months
3. All Here □ All At G.P. □ Pt. Request □
4. Alternating: Here ___________ At G.P. ___________
5. Perio Revev. In ___________ Months To Consider Need For ___________

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The role of occlusion in the progression of periodontitis is controversial and thus so are the indications for occlusal adjustment. All periodontal examinations should include a complete occlusal analysis. The examination can be easily carried out following an abbreviated list as outlined in Figure 4 (C.R. — centric relation, R.L. — right lateral excursion, R.B. — right balancing interferences, P. — protrusive excursion contacts, X-Bite — teeth in crossbite etc.). Your analysis should also include indications for appliance therapy such as a hawley anterior bite plate or a night guard. 8) Circuit Charting (Figure 5). Your assessment form should have a large section devoted to diagrams of the teeth illustrating facial, occlusal and oral surfaces. In conjunction with these diagrams there should be a "grid" with sufficient space to accommodate three series of pocket measurements (three sets of mobility...
measurements corresponding to the pocket measurements, i.e. taken at
the same time, can be accommodated
within the three different views of the
tooth diagrams). The circuits should be
timed to coincide with:
a) the initial periodontal examina-
tion;
b) the re-evaluation, which should be
carried out two to three months
following the completion of initial
periodontal therapy.
If surgery has been done, then the
third set of measurements can be
done two to three months following
completion of surgery.
In the area of tooth diagrams, the
following are examples of some of the
things that should be illustrated:
- missing teeth
- uneven marginal ridges
- plunger cusps
- open contacts
- migrations
- significant radiographic findings
- furcations
- gingival recessions

The “grid” section is reserved for
charting the pocket depths. I find it
very useful to chart pockets 3 mm or
less in lead pencil while 4 mm or more
are marked in red pencil. This has the
effect of highlighting the more signifi-
cant measurements and works well if
you want to illustrate the problem
areas to your patient during your
consultation.
9) Figure 6 — Your assessment form
should also have sections on: a) diag-
nosis, b) prognosis, of the teeth
overall and individually, c) treatment
plan, incorporating a properly
sequenced multi-disciplined ap-
proach, d) completed active treatment
using a “check off” system in order to
have a convenient reference, e) re-
evaluation — findings indicating the
oral hygiene and the overall status, as
well as areas of residual calculus, and
f) periodontal maintenance plan.

You can put all the components
together so that everything fits onto
one side of an 11" × 17" chart. I
prefer to visualize the complete chart-
ing information “at a single glance”. The
back side of the chart is used for
your progress notes and the chart,
when folded in half, conforms to a
standard 8½" × 11" size.

Once periodontal patients embark
on a maintenance program, I find it
very helpful to open a new and
specialized “Periodontal Manage-
ment Form”. One of the most
important components of the main-
tenance appointment is carefully mon-
toring the periodontal status. As
with the “Active Chart” or even more
so, the maintenance form must be
organized in a manner that facilitates
a comparison of periodontal mea-
surements over a series of many
appointments. Figure 7 demonstrates
the format where eight complete sets
of measurements can be carried out
so that any single measurement can
be conveniently monitored over time.
The back side of this form (Figure 8)
is reserved for your progress notes. In
the interest of saving time, space and
writing, certain other essential com-
ponents of your maintenance ap-
pointment can be pre-printed in
abbreviated form. For example,
MHU — Medical History Update,
OCS — oral cancer screen, OH: GFP
— Oral Hygiene status, good, fair or
poor; (↑→) far improved (↑) worse
(↓) or stable (→) (in reference to
pocket depths, mobility and overall
periodontal status).

The implementation of a periodon-
tal program in your practice encum-
passes many components and proper
documentation is one of the most
important. Those who claim that they
are monitoring their patient’s peri-
dontal status are at times not ade-
quately fulfilling their responsibility
if there is incomplete documenta-
tion.

Acknowledgement
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Schwartz in designing the assessment
forms presented in this article.