

# Periodontal Examination & Charting Form

**Student Name:**

**Computer No.:**

**Patient's Name:**

**File No.**

**Age: \_\_\_\_ yrs.**

**Gender:**

**Occupation:**

**Nationality**

**Marital Status:**

**Date**

**Chief Complaint:**

**Dental History**

**Medical History**

**I. Extra-Oral Examination:**

**Smoking:**

**No - Yes**

**(Type?, frequency?, how long?)**

**II. Intra-Oral Examination:**

**I.1. Buccal Mucosa:**

**I.2. Gingiva:**

**I.2.a. Color:**

**I.2.b. Tone (consistency)**

**I.2.c. Contour**

**I.2.d. Attached Gingiva**

**I.3. Mucogingival Defects**

## Oral Hygiene Habits

• **Type of Tooth brush:**

**Soft – Medium - Hard**

• **Brushing Technique**

• **Interdental Aids**

**Yes (type):**

**No**

• **Miswak**

**Yes – No**

• **Other**

# Radiographic Evaluation

***Plaque Retentive Factors:***

**Over-hangs / defective restorations:**

**Calculus:**

**Caries:**

***Alveolar Bone Assessment:***

**Horizontal Bone Loss (%)**

--	--	--

**Crestal Bone Density:**

**Vertical Defects:**

***Furcation Radiolucencies:***

***PDL Width:***

***Root length/ form/proximity:***

***Other findings / pathology:***

.....  
**Supervisor's Signature**

**Date**

**Diagnosis (Oral Diagnosis)**

**Prognosis**

**Overall:**

**Individual:**

**Treatment Plan**

**Phase I**

**Phase II**

**Phase III**

**Phase IV**

.....  
**Supervisor's Signature**

**Date**

# **Revaluation**

## **Definitive Treatment Plan**

---

**Supervisor's Signature**

**Date**

# **Recall and Maintenance**

---

**Supervisor's Signature**

**Date**