Endo Assessment Form

Referred by:

Regarding:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Patient Complaint:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Summary of medical history:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Occupation: Age:

Smoker: No/Time Amount: Stopped:

Dental History: Regular attender / Irregular attender

 Previous hygiene treatment? Yes No

 Previous Orthodontic treatment? Yes No

Stress Level || Grinding: Yes No

1 10

Oral Hygiene: Brushing \_\_\_\_ times a day Manual/Electric Toothbrush

(Please circle)

 Interdental Cleaning Mouthwash

Extraoral Examination:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. Intraoral Examination:

Soft Tissues:

Oral Hygiene:  Good  Fair  Poor Gingival Appearance:

BPE: Bleeding on Probing:  Immediate  Delayed Probing depth range: mm

Probing > 5.5 mm Recession

Mobility I II III Furcation

Other Details:

…………………………………………………………………………………………..............

…………………………………………………………………………………………..............

Occlusion:  Class I  Class II  Class III  Overbite Deep & Complete

Tooth Surface Loss:

% vol loss % vol loss

Surfaces affected Surfaces affected

 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Surfaces affected Surfaces affected

% vol loss % vol loss

Loss of interocclusal space:  Yes  No Type:

Prosthesis:

Maxiallry Denture bearing area:

Mandibular denture bearing area:

Full Charting:

Endodontic Assessment for Specific Teeth

Tenderness on Palpation

Tenderness to Percussion

Fractures / Cracks

Pulp Exposure

GP

Exposure

Fremitus

Occlusal Stability if Tooth lost? Y / N Y / N Y / N Y / N Y / N

Coronal Seal – adequate?

(Crown . Bridge retainer / amalgam)

Special Tests:

EPT EPT

Endo Frost Endo Frost

 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

EPT EPT

Endo Frost Endo Frost

Restorability:

Tooth Good Questionable Poor

   

   

   

   

Radiographs:

OPG BW’s Periapicals

Diagnosis:

1. ……………………………………………………………………………………….

2. ……………………………………………………………………………………….

3. ……………………………………………………………………………………….

4. ……………………………………………………………………………………….

5. ……………………………………………………………………………………….

6. ……………………………………………………………………………………….

Prognosis:

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Patient warned about loss of coronal tooth tissue & potential fracture: YES / NO

Treatment Plan:

1. ………………………………………………………………………………………..

2. ………………………………………………………………………………………..

3. ………………………………………………………………………………………..

4. ………………………………………………………………………………………..

5. ………………………………………………………………………………………..

6. ………………………………………………………………………………………..

7. ………………………………………………………………………………………..

Signed: ……………………………… Name: ………………………………