

Dental Hygiene Assessment Sheet

Patient Information

Name

Date of Birth

Date

Gender

Patient ID

Medical History

Medical Conditions

Allergies

Medications

Dental History

Chief Complaint

Previous Dental Treatment

Oral Hygiene Practices

Intraoral Assessment

Teeth Present

Existing Restorations

Prosthetics

Occlusion

Other Observations

Periodontal Assessment

Pocket Depths

Bleeding on Probing

Mobility

Gingival Recession

Oral Hygiene Assessment

Plaque Score

Calculus Deposits

Staining

Oral Mucosa Condition

Risk Factors

Smoking/Tobacco Use

Diabetes

Other Relevant Factors

Assessment Summary

Summary and Recommendations

Assessed By

Signature