

Geriatric Dental Health Evaluation

Patient Information

Name

Age

Gender

Contact Details

Medical History

Relevant Medical Conditions / Medications

Oral Health History

Previous Dental Treatments

Oral Examination

Teeth Status

Gum Condition

Oral Lesions / Ulcers

Signs of Dry Mouth

Functional Assessment

Chewing Ability

Speech Difficulties

Oral Hygiene

☐ Brushing

☐ Flossing

☐ Mouthwash

☐ Needs Assistance

Other Observations

Recommendations