



Kootenay River Dental Hygiene Inc.
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Dental/Clinical Assessment Form

1. Chief Dental Complaint

2. History of Dental Chief Complaint (when, how long does it last, what causes it, description of pain)

3. Specific Disability

4. Any limits to Communication (hard of hearing, speech impaired, had a stroke, which side is affected, visual information, does patient require an interpreter or guide)

5. Mobility (Is the pt wheelchair bound, how long can s/he sit?, does s/he need their position changed often)

6. Bowel and Bladder Control (Does the patient use an in dwelling catheter, or a leg bag which may require changing in the course of the treatment session, and may effect chair position? Does the patient follow a bowel program that may limit his/her availability for dental appointments?)
