



**Tischler
Dental**

PERIODONTAL RISK ASSESSMENT FORM

general dentistry • implant dentistry • cosmetic dentistry

Patient's Name: _____

Date: _____

Patient Interview:

Chief Concern: _____

Habits: Smoker/Chewer Bruxer/Clencher Other: _____

TX Concerns: _____

Expectations: _____

Review Dental History:

Freq. of visits: _____ Recent hygiene: _____

Hx of perio surgery: _____ Recent Dentistry: _____

Diag. of perio Dx: _____ Hx of Ortho: _____

Recommend. For perio surgery: _____ Sensitive teeth/bleeding gums: _____

Hx of family perio Dx: _____ Gum Recession: _____

Review Pertinent Medical History:

Systemic: _____ Medications: _____

Alcohol/Drug Abuse: _____ Artificial Joints, Valves, stents: _____

Chemo/Radiation Therapy: _____ Auto-immune Disorders: _____

Allergies: _____ Other: _____

Diagnostics:

Soft Tissue: _____ Gingival Recession/MG Defects: _____

Mobility/Percussion: _____ Probing: _____

Calculus: _____ Alveolar Bone Loss: _____

Tooth Vitality: _____ Osseous Defects: _____

Bleeding/Exudate: _____ Occlusal Assessment: _____

Furcation (s): _____ Inflammation/Infection: _____

Diagnostics:

- Acute Mild Juvenile Gingivitis
- Chronic Moderate Adult Periodontitis
- Severe

Note: _____

AAP Case Type:

- AAP Case Type 0 AAP Case Type 3
- AAP Case Type 1 AAP Case Type 4
- AAP Case Type 2

Note: _____

General Treatment Plan:

PST Genetics Test: _____

With Hygienist:

- Adult Prophy: Laser Assistaed
- Scale/Root Plane: Full Mouth Site Specific
- Debridement: Probing Perio Prophy

Recare Interval: _____

Antimicrobials: _____

With Dentist:

- LANAP Full Mouth Site Specific _____
- Splinting Possible Necessary _____
- Occlusal Adjust

Recare Interval: _____

Comments:

Dentist: _____

Date: _____