

Name:	Age:	vears	Sex: M F	Weight:	_ kg	Height:	_cm

CRITERIA	ASSIGN SCORE 0	ASSIGN SCORE 1	ASSIGN SCORE 2	SCORE
Does the patient have <b>bleeding gums</b> ?	No	Sometimes	Often	
Does the patient have <b>loose teeth</b> ?	No	Some	Several	
Does the patient have receding gums?	No	In some areas	In various areas	
Has the patient lost a tooth or had a <b>tooth extraction</b> due to a loose tooth?	Never	Yes, once	Yes, multiple times	
Does the patient smoke?	No	Smoked in the past but quit	Yes and has difficulty quitting	
Is the patient living with diabetes/high glycaemic index?	No	Yes, but it is under control	Yes, and has difficulty managing it	
Does the patient have <b>hypertension</b> ?	No	Yes, but is managing it with therapy	Yes, and is not able to keep it under control	
Has the patient ever suffered from an ischaemic episode (stroke/heart attack/thrombosis)	No	No, but has parent who suffered an episode	Yes	

## **EVALUATION CRITERIA:**

**TOTAL:** 

Score <b>≤2</b>	No need for concern
Score <b>&gt;2</b> <b>and <u>&lt;</u>4</b>	Requires a professional periodontal evaluation  Inform dentist of periodontal health status
Score <b>&gt;4</b>	Requires a rapid professional periodontal evaluation  Inform dentist of periodontal health status

Additional considerations to tailor patient consultation and oral care recommendations:

Evaluate additional co-morbidities by inquiring about medication/treatment regimen:
Cancer Autoimmune disorder
Other
Evaluate lifestyle/life event-related risks:
☐ Dexterity/Handicap
□ Dementia
Stress
☐ Pregnancy
☐ Eating disorders
Other