

FORM 1 – ORAL ASSESSMENT ON ADMISSION

Date of Assessment: / /		
Staff Signature: _____		Job Title: _____
Residents Name: _____	DOB: / /	
Room Number: _____	Health & Care Number _____	
RESIDENTS DENTISTS DETAILS		
Dentist Name _____		
Address _____		
Tel Number _____		Date of last visit to dentist / /
As Registration with a dentist lasts 24 months it is important to establish if the resident is still registered with their dentist by telephoning the Practice. Registration can be renewed at this time.		
Registration confirmed/renewed		Y/N
Or		
Registered with new dentist		Y/N
(if the resident's registration has lapsed or problems are encountered obtaining registration please contact local community dental service for advice)		
Does the resident have any of their own natural teeth?	Y/N	<ul style="list-style-type: none"> Observe resident's ability to clean teeth Determine the level of staff assistance required Ensure individual named toothbrush and recommended toothpaste is available. ACTION - Complete care plan
Does the resident wear Dentures? Upper Lower	Y/N Y/N Y/N	<ul style="list-style-type: none"> Observe resident's ability to clean dentures Determine the level of staff assistance Ensure named denture pot, denture brush, and cleaner are available Ensure dentures marked with resident's name ACTION - Complete care plan
IMPORTANT ACTION		
Where resident has: Dental Pain, Ulceration, Red/White Patch, Lump/Gum Boil, or Facial Swelling complete an URGENT referral for family dentist/local dentist/dental access centre/community dentist by Completing Form 2 (Urgent) Or Arrange regular dental care in consultation with the patient, carer, relative, and respecting patient's choice by : Completing Form 2 (non urgent)		

Date For Monthly Oral Health Assessment

Date: / /