- ~~charts~~ forms are significanty out of sequence.
- many forms missing imperative (see rubric) info. ex. ~~ROC only 1 entry submitted~~ only 3 appts recorded., care plan incomplete, client communication record incomplete, only 1 BFS.

CASE FOURTEEN

DH 104

Client Management

By: Vishav, Ayah, Sonia

Date: Aug 22, 2024

potential for the decreased absorption of tetracycline to increase bleeding risks, which should be managed carefully during dental procedures (Jeske 2021). Hydrochlorothiazide, another medication for hypertension, does not typically produce oral side effects but can lead to increased urinary frequency and orthostatic hypotension (Jeske 2021). Therefore, regular monitoring of vital signs and assessing salivary flow are important to manage the risk of caries, periodontal disease, and candidiasis (Jeske 2021)

For Ginger Vitis, a comprehensive oral hygiene routine was recommended. It is important for her to understand the caries process, where tooth decay results from the demineralization of enamel due to the acids produced by bacteria that feed on sugars and carbohydrates. Since a cariogenic diet can accelerate this process, she is advised to reduce sugar intake. Additionally, she is advised to be aware of the periodontal disease process, which involves inflammation and infection of the gums due to biofilm buildup.

Gingivitis was advised to use the spool floss technique to remove biofilm and food particles between her teeth, and interproximal brush. We demonstrated how to clean the areas that the brush might miss. Sealants and fluoride treatments were recommended for protection against cavities and to strengthen the enamel of the teeth. Biotene mouthwash was suggested to aid in salivary flow production. Both manual and electric toothbrushes were recommended, with the modified Stillman's technique shown for manual

CASE 14 SUMMARY (Ginger Vitis)

Ginger Vitis has been dealing with two significant health conditions. Hypertension and mitral valve prolapse. Hypertension is a chronic condition characterized by persistently elevated blood pressure in the arteries (Cedars-Sinai). Typically, normal blood pressure is around 120/80 mmHg (Cedars-Sinai), though controlled, Ginger Vitis' blood pressure presents at 126/82 mmHg. Though well managed, related signs and symptoms specific to Ginger Vitis include frequent headaches (Jeske 2021), particularly every day and night. Additionally, Ginger Vitis was diagnosed with mitral valve prolapse at the age of 15. As a result, a sign specific to Ginger Vitis is increased anxiety and occasional palpitations (Jeske 2021).

YEAR

YEAR

Ginger Vitis' medication regime includes Atenolol, Aspirin, and Hydrochlorothiazide, each with its own set of considerations. Atenolol, prescribed for hypertension, can cause altered taste and other side effects, such as dizziness, fatigue, headaches, nausea, and constipation (Jeske 2021). Due to the potentially slow metabolism of lidocaine, it is important to monitor Ginger Vitis signs at each appointment and consider shorter appointment times (Jeske 2021). Incorporating stress reduction techniques might also help manage her anxiety (Jeske 2021). Aspirin, used for analgesia, generally does not have oral side effects but may cause Gastrointestinal distress, cramping heartburn, and mild nausea (Jeske 2021). It is crucial to be aware of the

xerostomia?? - oral side effects & dental considerations missing for Atenolol.

What are potential oral side effects of ASA?

toothbrushing due to recession. A tongue cleaner was also recommended to help reduce bacteria, halitosis, and improve overall oral hygiene.

Ginger Vitis hasn't visited the dentist for five years and is presenting with several oral health observations. She has a palatal torus and a fissured tongue, and her main concern includes cold sensitivity, and frequent grinding and clenching of her teeth due to bruxism. Additionally, she reports a clicking sound in her jaw and tenderness, which could be related to her bruxism. Her dental examination reveals generalized plaque and calculus build up, with 4 to 6 mm pockets around her teeth. These findings indicate a need for Dental hygiene interventions. what was the tx-deb, recare interval, any referrals?? xrays??

LITERATURE CITED

Cedars-Sinai. High blood pressure (hypertension). Available from: https://www.cedars-sinai.org/health-library/diseases-and-conditions/h/high-blood-Pressure-hypertension.html

Jeske AH. Mosby's Dental Drug Reference. 13th ed. St. Louis: Elsevier; 2021.p.103-598

not cited correctly here or in-text. refer to citing resource

- where is reference for OHR??
Darby & Walsh??

CASE FOURTEEN

Personal History: Ms. Ginger Vitis is 43 years old.

Medical History: She was diagnosed with hypertension 3 years ago and mitral valve prolapse at the age of 15.

Medication: Atenolol 50 mg 1x/day; 1- 81mg aspirin/day; Hydrochlorothiazide 25 mg/day

Dental History:
Last dental hygiene was visit 5 years ago. She admits to clenching her teeth during the day and grinding them at night. She frequently wakes up with a headache in the morning. She also complains of cold sensitivity on her upper incisors. She brushes once per day and doesn't floss.

Extraoral:
Generalized macules on face. She reports of a sore and tender jaw with popping and clicking present on right and left sides.

Intraoral:
- Bruxism generalized
- Mild intrinsic and extrinsic stain
- Fissured tongue
- Palatal torus
- Chronic halitosis
- Moderate sub and supragingival calculus on the lingual surfaces of mandibular molars and mandibular anteriors
- Generalized moderate plaque deposits on all teeth
- Moderate interproximal calculus on all teeth

Periodontal Assessment:
- 4mm pockets found 13MB, ML, 16 ML, MidL, 25 MB, DB, 26 ML, 27 ML, MidB, 37MB, MidB, all buccal surfaces of 43, 44 DL
- 5mm pockets18DB, MB, MidL, 37ML, 36DL, 34 ML, 43DL, 15MB, 26 DL
- 6mm pockets found 27 MB, 18 ML, DL, 26 MB, DB, 17 MB, DB
- Recession is present on buccal aspects on 18-3mm,37-4mm, 36- 4mm, 33-3mm, 43- 3mm
- Mobility (M1) 18

Dental Charting

- Class I molar and canine relationship, 20% overbite, 2mm overjet
- Teeth 48,38, 28, 35, and 14 are missing
- Caries 46MO, 45DO, 25DO, 26MO
- Porcelain fused to metal bridge present between 36/34, 13/15
- Tooth #18 overerupted
- Tooth 41, 32 rotated distolingually
- 2mm diastema present between 32/33
- Tooth #11 rotated mesio facially
- Root canal treatment and porcelain crown present on teeth# 12 and #27

Comments / Suggestions:

why is this crossed out-

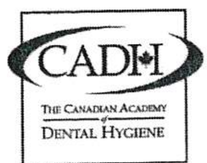
If you would like us to contact you about any feedback, comments, or suggestions, please leave us your name and telephone number.

Name: ______________________

Phone number: ______________________

? ?

} incomplete



CLIENT FEEDBACK FORM – DENTAL HYGIENE CLINIC

Thank you for being one of our valuable clients at the Canadian Academy of Dental Hygiene!

Below is a list of questions related to your experience as a client in our clinic. Please take a few minutes to answer them as your responses will help us serve you better in the future. If you have any other comments or suggestions, please include them in the box on the back of this form. Your feedback is important to us and your answers are confidential and anonymous.

Date: July 18/24 provided @ last appt & documented in communication record

Statement	Please Circle
The **dental hygiene student** contacted me to remind me of my appointment.	(YES) / NO / SOMEWHAT
The **dental hygiene student** treated me with respect and professionalism.	(YES) / NO / SOMEWHAT
The **dental hygiene student** treated the faculty members and others with respect and professionalism.	(YES) / NO / SOMEWHAT
The **dental hygiene faculty member** treated me with respect and professionalism.	(YES) / NO / SOMEWHAT
The **dental hygiene faculty member** treated the student and others with respect and professionalism.	(YES) / NO / SOMEWHAT
The **dentist faculty member** treated me with respect and professionalism.	(YES) / NO / SOMEWHAT
The **dentist faculty member** treated the student and others with respect and professionalism.	(YES) / NO / SOMEWHAT
The **clinic receptionist** treated me with respect and professionalism.	(YES) / NO / SOMEWHAT
The **clinic receptionist** treated others with respect and professionalism.	(YES) / NO / SOMEWHAT
All assessment findings were communicated to me in a way I could understand.	(YES) / NO / SOMEWHAT
I would be interested in scheduling an appointment with CADH's restorative clinic (if restorative work was needed).	YES / (NO) / SOMEWHAT
I am satisfied with the dental hygiene care I received.	(YES) / NO / SOMEWHAT
I would recommend this facility to others.	(YES) / NO / SOMEWHAT

CANADIAN ACADEMY OF D
AND COMMUNITY SCIENCE

Social, Dental, and Health Histo

Client Name:
VITIS Ginger
LAST *First*

Preferences: Ginger
(i.e., How would you prefer to be addressed? Na

Address:
75 Bikin Bottom Rd
Street

Phone:
( ) N/A (6
Home *Alte*

Social and Personal History
What is your occupation? Diving
Do you need a translator? *If yes, w*
Are there any cultural consideration
Do you smoke or use other tobacco
Do you use cannabis? *If yes, what*
Do you use e-cigarettes (vaping)? *I*
Do you consume alcohol? *If yes, h*
Do you use any other recreational d

Dental History / Oral Health		
How would you rate your overall ora		
Do you have a dental problem that y		
Do you have any lumps or sore spots		
Do you get cold sores?		
Do you experience dry mouth? thro		
Do you experience altered (taste) sensa		
Do your gums bleed or are they sore		
Does food catch between your teeth?		
Are your teeth sensitive to hot, (cold), s		
Has your doctor advised you to take a		
Are you happy with the appearance an		
Do you clench or grind your teeth?		
Do you play any contact sports? *If yes*	☐	☑
Do you brush your teeth every day? *If yes, how often?* 1x */ day.* Do you use a (manual) or electric toothbrush or both?	☑	☐
Do you use dental floss, toothpicks, or an interdental brush between your teeth? *If yes, how often?*	☐	☑
When was your last dental visit? Oct 2019 What was the reason for the visit? Dental cleaning		
When was your last dental cleaning? Oct 2019 When did you last have dental x-rays? Oct 2019 4 Bitewings		
With 1 as very relaxed and 10 as very fearful, how would you rank your reaction to dental care? 6/10		
Explain what causes you the most stress during a dental appointment: Pain or sensitivity ; talking to client helps calm her		

CADHI THE CANADIAN ACADEMY of DENTAL HEALTH & COMMUNITY SCIENCES

CLIENT REFERRAL FORM

Client Name: VITIS, Ginger Date: July 4, 2024

This client is being referred for:
- ☐ Orthodontics
- ☐ Periodontics
- ☐ Other:
- ☐ Prosthodontics
- ☑ Dental Exam
- ☐ Sedation and Special Care
- ☐ Restorative Procedures

was this provided digitally or hard copy??

A copy of radiographs has been provided to the client: ☐ Yes ☑ No ☐ N/A

If provided, views: ☑ Full Mouth Series ☐ Panorex ☐ Bitewings (No.:) ☐ Periapicals (No.:)

MM July 4/24

I acknowledge that I have received duplicates of the radiographs noted above. ______ ***Client Signature***

Referral to:

	Name	Address	Phone No.
1	Dr Seuss	24 CatHat Street Mississauga, L2P 4Z3	416-790-0202
2			
3			

Referring Student: Molar McToothface Referring Faculty: Faculty RDH

1599 Hurontario St., Suite 105 Mississauga, ON L5G 4S1 • Phone No.: 905-278-2794

Health History		
How would you rate your overall health? ☐ Good ☑ Average ☐ Poor *why??*		
When was your last physical exam? Jan 2024. No significant findings in exam – went well		
Biological sex: ☑ Female ☐ Male ☐ Other: Gender: ☑ Woman ☐ Man ☐ Other:		
	Yes	**No**
Are you currently under the care of a physician? *Explain:* Hypertension, Mitral valve prolapse	☑	☐
Have you had a medical condition that has required, or is requiring, treatment? *Explain:* Hypertension, well managed	☑	☐
Have you ever been hospitalised? *Explain:*	☐	☑
Are you taking any medications (prescribed or over-the-counter), herbal remedies, or nutritional supplements? (*If yes, complete the* ***"Record of Client Medications"*** *form.*) / ***List:*** Atenolol, aspirin, Hydrochlorothiazide	☑	☐
Have you experienced an unusual reaction or allergy to any medication, food, dental latex, metal, seasonal, etc.? *List allergies:* *Describe your symptoms:*	☐	☑
Are you thirsty much of the time or do you urinate frequently? *Explain:* urinate 6x/day	☑	☐
Have you noticed a recent significant gain or loss in weight? 10 pounds	☑	☐
Would you say your diet is adequate and balanced?	☑	☐
Do your hands, feet, or ankles swell?	☐	☑
Do you have difficulty hearing? *If yes, do you wear hearing aids? Yes* ☐ *No* ☐	☐	☑

Please identify any health conditions that you have, or have had, in the past.

Cardiovascular Conditions	**Autoimmune Disorders**
☐ Angina / chest pain or shortness of breath	☐ Lupus / scleroderma
☑ Hypertension / low blood pressure / high cholesterol *diagnosed in Aug 2021*	☐ Sjogren's syndrome
☐ Heart Condition (angina / heart attack / congestive heart failure)	☐ Psoriasis
☐ Congenital heart disease	**Psychological or Mental Health Conditions**
☐ History of bacterial endocarditis / rheumatic fever	☐ Anxiety / clinical depression
☑ Mitral valve prolapse / artificial heart valve *diagnosed in 1996*	☐ Eating disorder / obsessive compulsive disorder (OCD)
☐ Heart surgery (bypass / stent / other:)	☐ Schizophrenia
☐ Cardiac pacemaker	**Neurological Conditions**
☐ Cerebrovascular accident (stroke)	☐ Fainting / dizzy spells
Bleeding or Blood Disorders	☐ Epilepsy / seizures
☐ Prolonged or excessive bleeding/bruises easily/heals slowly	☐ Cerebral palsy *N/A*
☐ Haemophilia / von Willebrand disease	☐ Attention deficit hyperactivity disorder (ADHD)
☐ Anaemia (Type:)	☐ Autism
Respiratory Conditions	☐ Alzheimer's disease / dementia
☐ Difficulty breathing	**Gastrointestinal / Digestive System Conditions**
☐ Sinus problems / rhinitis (runny nose / hay fever)	☐ Acid reflux / GERD / stomach ulcer
☐ Persistent cough or cold / pneumonia	☐ Crohn's / inflammatory bowel disease / celiac disease
☐ Asthma (Type:)	☐ Jaundice / liver disease
☐ COPD (emphysema / chronic bronchitis)	**Endocrine disorders**
☐ Tuberculosis	☐ Diabetes (Type 1 / Type 2) – controlled / uncontrolled
Bones and Joint Conditions	☐ Thyroid condition (hypothyroid / hyperthyroid)
☐ Osteoarthritis / rheumatoid arthritis	**Women / Transmen / Transwomen**
☐ Artificial joints (hip / knee)	☐ Pregnant (If yes, how many weeks?)
☐ Osteoporosis / osteopenia	☐ Menopause
Infectious Diseases and Conditions	☐ Hormone replacement therapy
☐ HIV infection / AIDS	**Other**
☐ Herpes virus infection (Type:)	☐ Cancer (Type:)
☐ Hepatitis (Type:)	☐ Organ transplant (Type:
☐ Sexually transmitted diseases	☐ Kidney disease
☐ COVID	

Additional information: Has hypertension, mitral valve prolapse. Is being treated for hypertension. Medication: Atenolol 50 mg 1x/day, Aspirin 81 mg 1x/day, Hydrochlorothiazide 25 mg/day *how often they check BP? are readings normal? WNL?*

Do you have any other disease, condition, or problem that is not listed above? Yes ☐ No ☑

If yes, explain: ~~July 4/24~~ July 4/24 MM

Blood Pressure: 126/82 mmHg ~~9 am~~ 8:00 Arm: ~~Right~~ Left	Pulse: 72 bpm Reg, strong — Respiration: 16 rpm Normal, Reg, strong
Date: July 4, 2024	Student Name: Molar McToothface
Client / Legal Guardian Signature: Ginger *last name required*	Faculty Signature: Faculty signature
Legal guardian name (if client under age 16):	

Client Name: VITIS, Ginger

Date: Jul 4, 2024

Informed Consent

Accept: The reasons for the proposed treatment have been explained to me and I accept the interventions as detailed below.	**Reject:** Possible consequences of rejecting the proposed treatment have been explained to me and I do want the interventions as detailed below. I will not hold CADH, its faculty, staff, or students liable for any negative consequences as a result of my decision to refuse the recommended treatment.

Health History Review	**Proposed Treatment Interventions**
Date: Jul. 4/2024 Appointment No.: Appt 1	Medical history & vitals.
Pulse: 72 bpm Reg, strong Respiration: 16 rpm Reg, Normal B.P.: 126/82 mmHg L arm	EOE/IOE & rad screening
Glucose Reading: N/A Date: N/A Time: ~~9am~~ 8:20am (Jul 4/2024)	Rad prescription, expose rads, rad interpretation, odontogram, (review documentation). ✓
I.N.R. Reading: N/A Date: N/A	
❐ No change in health history ❐ Health history change *(describe below)*	
All medications taken as prescribed.	
Record of Client Medications: ❐ Not applicable ❐ No Changes	
☑ New medications Atenolol 50mg 1x/day, Aspirin 81mg 1x/day, Hydrochlorothiazide 25 mg/day	
❐ Eliminated medications N/A	Consent: (Accept) GV Reject

Signatures:
Client: Ginger Vitis Student: Molar McToothface Faculty: Faculty

Health History Review	**Proposed Treatment Interventions**
Date: Jul 11/2024 Appointment No.: 2	MH & vitals.
Pulse: 70 bpm Reg strong Respiration: 15 rpm Reg, Normal B.P.: 125/81 mmHg L arm	Odontogram, periocharting, diet & caries risk assessment & recommendations, BFS #1, Calculus detection, Case decision, (review documentation) ✓
Glucose Reading: NA Date: NA Time: 8:20am (time not needed unless repeated)	
I.N.R. Reading: NA Date: NA	
☑ No change in health history ❐ Health history change *(describe below)*	
All medications taken as prescribed.	
Record of Client Medications: ❐ Not applicable ☑ No Changes	
❐ New medications	
❐ Eliminated medications N/A	Consent: (Accept) GV Reject

Signatures:
Client: Ginger Vitis Student: Molar McToothface Faculty: Faculty

Health History Review	**Proposed Treatment Interventions**
Date: Jul 18/2024 Appointment No.: 3	MH & vitals.
Pulse: 71 bpm Reg, strong Respiration: 17 rpm Reg, strong B.P.: 124/80 mmHg L arm	Gingival/perio assessment (should be done at perio chart), human needs assessment, OHE, intra oral camera, DDS referral, care plan, (review documentation)
Glucose Reading: NA Date: NA Time: 8:20am	
I.N.R. Reading: NA Date: NA	
☑ No change in health history ❐ Health history change *(describe below)*	
All medications taken as prescribed.	
Record of Client Medications: ❐ Not applicable ☑ No Changes	
❐ New medications	
❐ Eliminated medications N/A	Consent: (Accept) GV Reject

Signatures:
Client: Ginger Vitis Student: Molar McToothface Faculty: Faculty

Health History Review	Proposed Treatment Interventions
Date: ______ Appointment No.: ______	
Pulse: ______ Respiration: ______ B.P.: ____/____	Incomplete missing appts
Glucose Reading: ______ Date: ______ Time: ______	
I.N.R. Reading: ______ Date: ______	
❒ No change in health history ❒ Health history change *(describe below)*	
Record of Client Medications: ❒ Not applicable ❒ No Changes	
❒ New medications ______	
❒ Eliminated medications ______	Consent: Accept Reject
Signatures: Client: ______ Student: ______	Faculty: ______

Health History Review	Proposed Treatment Interventions
Date: ______ Appointment No.: ______	
Pulse: ______ Respiration: ______ B.P.: ____/____	
Glucose Reading: ______ Date: ______ Time: ______	
I.N.R. Reading: ______ Date: ______	
❒ No change in health history ❒ Health history change *(describe below)*	
Record of Client Medications: ❒ Not applicable ❒ No Changes	
❒ New medications ______	
❒ Eliminated medications ______	Consent: Accept Reject
Signatures: Client: ______ Student: ______	Faculty: ______

Health History Review	Proposed Treatment Interventions
Date: ______ Appointment No.: ______	
Pulse: ______ Respiration: ______ B.P.: ____/____	
Glucose Reading: ______ Date: ______ Time: ______	
I.N.R. Reading: ______ Date: ______	
❒ No change in health history ❒ Health history change *(describe below)*	
Record of Client Medications: ❒ Not applicable ❒ No Changes	
❒ New medications ______	
❒ Eliminated medications ______	Consent: Accept Reject
Signatures: Client: ______ Student: ______	Faculty: ______

Student Name: Molar McToothface

Client Name: VITIS, Ginger

RECORD OF CLIENT MEDICATIONS

Medication: Atenolol Tenolin		Does your client report this side effect?			Does your client report this side effect?	
Condition(s): Hypertension	***Oral Side Effect(s):***	YES	NO	***Other Pertinent Side Effects***	YES	NO
	Altered taste (in history you've reflected)	❑	❑	Dizziness	❑	☑
	Xerostomia?	❑	❑	Fatigue	❑	☑
Dosage: 50 mg 1X/day		❑	❑	Headache	☑	❑
		❑	❑	Nausea	❑	☑
		❑	❑	Constipation	❑	☑
Treatment Modifications/ Dental Considerations	- consider patient may have a slow metabolism to lidocaine - take vital signs in every appointment - short appointment times & a stress reduction protocol for anxiety - assess salivary flow for caries, perio, candidiasis, saliva sub, no alcohol, + fluoride					
Medication Update	NA					
Student Signature: Molar McToothface		*Faculty Signature:* Faculty RDH			*Date:* July 4, 2024	

Medication: Aspirin Novasen		Does your client report this side effect?			Does your client report this side effect?	
Condition(s): Analgesia (what condition are you tx?)	***Oral Side Effect(s):***	YES	NO	***Other Pertinent Side Effects***	YES	NO
	NA	❑	❑	GI Distress	❑	☑
	mucosal surface chemical burn.	❑	❑	Cramping	❑	☑
	↑ gingival bleeding	❑	❑	Heartburn	❑	☑
Dosage: 81 mg aspirin 1x/day		❑	❑	Mild nausea	❑	☑
		❑	❑		❑	❑
Treatment Modifications/ Dental Considerations	Consider patient may have decreased absorption of tetracycline, increased risk of bleeding when used as a dental drug MISSING INFO					
Medication Update	NA					
Student Signature: Molar McToothface		*Faculty Signature:* Faculty RDH			*Date:* July 4, 2024	

Medication: Hydrocholorothizide Apo-Hydro		Does your client report this side effect?			Does your client report this side effect?	
Condition(s): Hypertension	***Oral Side Effect(s):***	YES	NO	***Other Pertinent Side Effects***	YES	NO
	NA	❑	❑	Increased urinary frequency	☑	❑
	xerostomia	❑	❑	orthostatic hypotension	❑	☑
		❑	❑	headache, hyperglycemia,	❑	❑
Dosage:		❑	❑	hypotension.	❑	❑
		❑	❑	MISSING INFO	❑	❑
Treatment Modifications/ Dental Considerations	- Allow patient to sit up right for 2 mins to avoid orthostatic hypotension - Take vital signs at every appointment - Assess salivary flow for factors in caries, periodontal disease & canadidiasis					
Medication Update	stress reduction protocol, assess salivary flow, ↓alcohol, ↑ F. NA					
Student Signature: Molar McToothface		*Faculty Signature:* Faculty RDH			*Date:* July 4th, 2024	

Medication:		Does your client report this side effect?			Does your client report this side effect?	
Condition(s):	***Oral Side Effect(s):***	YES	NO	***Other Pertinent Side Effects***	YES	NO
		❑	❑		❑	❑
		❑	❑		❑	❑
		❑	❑		❑	❑
Dosage:		❑	❑		❑	❑
		❑	❑		❑	❑
Treatment Modifications/ Dental Considerations						
Medication Update						
Student Signature:		*Faculty Signature:*			*Date:*	

Client Name: VITIS, Ginger

CANADIAN ACADEMY OF DENTAL HEALTH AND COMMUNITY SCIENCES

a Division of the Canadian Academy of Dental Hygiene Inc. Est 2001

CLIENT CONSENT FORM
FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Privacy of your personal information is an important part of our clinic providing you with quality dental care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our clients.

In this clinic, **Ms. Marni Steinberg** acts as the Privacy Information Officer.

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

On this consent form, we have outlined what our clinic is doing to ensure that:

→ only necessary information is collected about you;
→ we only share your information with your consent;
→ storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols;
→ our privacy protocols comply with privacy legislation, standards of our regulatory body, the College of Dental Hygienists of Ontario and the Royal College of Dental Surgeons of Ontario, and the law.

Do not hesitate to discuss our policies with me or any member of our clinical staff.

Please be assured that every staff person in our clinic is committed to ensuring that you receive the best quality dental care.

By signing the consent section of this Client Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes relevant to contacting you, delivering safe and efficient client care and for teaching demonstrating purposes on an anonymous basis.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) for the purposes of the College of Dental Hygienists of Ontario or the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA, and for the defense of a legal issue.

Your information may also be accessed by the Commission on Dental Accreditation of Canada (CDAC) as part of the accreditation process during the site visit.

You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

Client Consent

I have reviewed the above information that explains how your clinic will use my personal information, and the steps your clinic is taking to protect my information.

I know that your clinic has a Privacy Code, and I can ask to see the Code at any time.

Gingivitis — Client Signature   July 4, 2024 — Date

Molar Metoothface — Witness Signature   July 4, 2024 — Date

CANADIAN ACADEMY OF DENTAL HEALTH & COMMUNITY SCIENCES

A Division of the Canadian Academy of Dental Hygiene – Est. 2001

CLIENT ACKNOWLEDGEMENT

The Canadian Academy of Dental Health and Community Sciences (CADH) agrees to safeguard the security of any information gathered during your treatment in a manner appropriate to the sensitivity of such information and in compliance with the Personal Information Protection and Electronic Documents Act.

A. General

MM July 4, 2024

I, ~~Ginger, Vitis~~ VITIS, Ginger (self or guardian*), understand that the dental hygiene services that I receive or
(please print)

are being provided to VITIS, Ginger by a CADH dental hygiene student under the direct
(please print)

supervision of a registered dental hygienist and/or dentist. Dental hygiene services may include one or more of the following procedures: examination and assessments, periodontal debridement (hand scaling, ultrasonic scaling), topical anaesthetic, administration of local anaesthetic, coronal tooth polish, desensitization, fluoride treatment, nutritional counseling, pit and fissure sealants, radiographs, dental impressions, intra-oral pictures, sportsguards and teeth whitening.

**A guardian in this instance is the parent of children under 16 years old and/or an individual that is legally responsible for an individual that is unable to manage his/her own affairs.*

B. Client Information Pamphlet

July 4, 2024 MM

I, ~~Ginger, Vitis~~ VITIS, Ginger, acknowledge that I have received the client information pamphlet and understand the following:

i. In order to complete my treatment, I will have to commit to attending the total number of appointments scheduled for my care; commit to 4 hours for each appointment; and arrive for each scheduled appointment on time (8:00 a.m., 8:30 a.m., 2:00 p.m., or 2:30 p.m.).

ii. I acknowledge that the $50.00 registration fee has been paid by me and covers all dental hygiene care with the exception of any additional services (see item iii) that I may require as part of comprehensive client care.

iii. I am responsible to make payments for additional services received at CADH on the same day the services are provided, as follows:

Service	Fee
Radiographs – 1 to 4 images	$ 10.00
Radiographs – 5 to 9 images	$ 20.00
Radiographs – 10 or more images	$ 30.00
Sportsguard	$ 40.00
Tooth Whitening	$ 90.00
Request for copy of client file	$ 30.00

iv. I acknowledge the professional boundaries between the students, faculty and staff of CADH and myself; and, I recognize that violation of these boundaries will result in termination from CADH.

Please note, that this is a learning environment and all interaction between students and clients are to be professional in nature. I understand that engaging in behaviours that are not conducive to student learning or pose a threat to any member of the CADH community are grounds for termination of dental hygiene treatment and/or termination from the CADH facility. Further, I understand that should any damage occur to tooth structures or soft tissue, I will not hold the student or school responsible or liable for any repair or replacement.

Molar McToothface	Ginger Vitis	July 4, 2024
Student Name (please print)	Client/Guardian Signature	Date
Molar, McToothface	Ginger Vitis	July 11, 2024
Student Name (please print)	Client/Guardian Signature	Date
Molar, McToothface	Ginger Vitis	July 18, 2024
Student Name (please print)	Client/Guardian Signature	Date
Student Name (please print)	Client/Guardian Signature	Date
Student Name (please print)	Client/Guardian Signature	Date

Only have client sign @ 1st appt in hyg. internal

CANADIAN ACADEMY OF DENTAL HEALTH & COMMUNITY SCIENCES

A Division of the Canadian Academy of Dental Hygiene – Est. 2001

RELEASE AND AUTHORIZATION TO ALLOW PHOTOGRAPH AND VIDEO RECORDINGS

July 4, 2024 MM

I, ~~Ginger, V~~ VITIS, Ginger ,

do hereby: ☑ consent ☐ refuse *(please check the appropriate box)* to being recorded or photographed at The Canadian Academy of Dental Health & Community Sciences, and I also give CADH permission to put the finished video clips and photographs to any legitimate uses CADH may deem proper such as on their website to promote CADH. I grant CADH the right to give, transfer and exhibit the negatives, original prints or copies and facsimiles thereof to any individual, business firm, or publication or to any of their assignees, and to circulate the same for any and all purposes and in any manner, including publications and advertisements of all kinds in all media.

I have read and fully understand the terms and conditions contained above and release CADH from any liability as a result of these pictures, film, audio clips and video.

I am a: ☐ CADH student ☑ CADH client

GVitis
Signature

July 4, 2024
Date

Molar, Mctoothface
Student Name

Client Name: VITIS, Ginger **Student Name:** Molar Mctoothface **Date:** July 4, 2024

HARD TISSUE ASSESSMENT

Permanent Dentition *Date Originally Charted:* MISSING DATE

Maxilla

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

F

O

L

PFM PL RCT PC RCT W W incorrect colours

Dentures:

Date Fabricated:

- ❒ CUD ________
- ❒ PUD ________
- ❒ CLD ________
- ❒ PLD ________

Initial Pit & Fissure Sealants Recommended:

Teeth: 17, 16, 24, 47, 44, 37

Faculty Signature: Faculty

Date: Jul 4, 2024

Mandible

L

O

F

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

W W PFM

Subsequent Pit & Fissure Sealants Recommended:

Teeth:

N/A

Faculty Signature:

Date:

Faculty Signature: ***Date:***

Primary Dentition ***Date Originally Charted:***

Maxilla

55 54 53 52 51 61 62 63 64 65

F

O

L

Mandible

L

O

F

85 84 83 82 81 71 72 73 74 75

Faculty Signature: ***Date:***

Occlusion

Angle's Classification	Molar	Canine	Division
Right	I	I	
Left	I	I	

Overjet: 3 mm **Overbite:** ~~3~~ 20 % (Jul 4/24 MM)

Midline Shift: ______mm Left ☐ Right ☐ N/A (0) ☑

Crossbite: N/A

Open bite: N/A

Primary Occlusion:

Flush Terminal Plane:	Right ☐	Left ☐
Mesial Step:	Right ☐	Left ☐
Distal Step:	Right ☐	Left ☐
N / A	Right ☐	Left ☐

Faculty Signature: Faculty ***Date:*** July 4, 2024

Occlusion Update: Faculty Initials: ***Date:***

Date	Change(s) to Dental Chart	SI	FI
	findings confirmed on Rad Interp by DDS, then transfered ie. caries, RCT, implant need to be recorded here.		

F=facial; O=occlusal; L=lingual; SI=student initials; FI=faculty initials

Client Name: Student Name: Date:

HARD TISSUE ASSESSMENT

Permanent Dentition *Date Originally Charted:*

Maxilla

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
F																
O																
L																

Mandible

	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
L																
O																
F																

Faculty Signature: ***Date:***

Dentures:

Date Fabricated:

- ❐ CUD ________
- ❐ PUD ________
- ❐ CLD ________
- ❐ PLD ________

Initial Pit & Fissure Sealants Recommended:

Teeth:

Faculty Signature:

Date:

Subsequent Pit & Fissure Sealants Recommended:

Teeth:

Faculty Signature:

Date:

Primary Dentition ***Date Originally Charted:***

		55	54	53	52	51	61	62	63	64	65
Maxilla	F										
	O										
	L										
Mandible	L										
	O										
	F										
		85	84	83	82	81	71	72	73	74	75

Faculty Signature: ***Date:***

Occlusion

Angle's Classification	Molar	Canine	Division
Right			
Left			

Overjet: ________mm **Overbite:** ________%

Midline Shift: ______mm Left ☐ Right ☐ N / A (0) ☐

Crossbite:

Open bite:

Primary Occlusion:

Flush Terminal Plane:	Right ☐	Left ☐
Mesial Step:	Right ☐	Left ☐
Distal Step:	Right ☐	Left ☐
N / A	Right ☐	Left ☐

Faculty Signature: ***Date:***

Occlusion Update: Faculty Initials: ***Date:***

Date	Change(s) to Dental Chart	SI	FI

F=facial; O=occlusal; L=lingual; SI=student initials; FI=faculty initials

Client: VITIS, Ginger **Student:** [illegible] **Date:** July 18, 2024

GINGIVAL and PERIODONTAL ASSESSMENT

PART A: DISCRIPTION OF GINGIVA

Colour

	Gen	Loc	Area(s)
☐ Pink / Pigmented	☐	☐	
☐ Reddish Pink	☐	☐	
☑ Erythemic	☑	☐	
☐ Cyanotic	☐	☐	
☐ Blanched	☐	☐	

Consistency

	Gen	Loc	Area(s)
☐ Firm	☐	☐	
☐ Soft	☐	☐	
☑ Fibrotic	☑	☐	how is it both?
☑ Edematous	☑	☐	
☐ Hyperkeratinized	☐	☐	

Contour

Marginal

	Gen	Loc	Area(s)
☐ Knife-like	☐	☐	
☐ Rolled	☐	☐	
☐ Enlarged	☐	☐	
☑ Recession	☑ MM	☑	18(3mm), 37(4mm), 36(4mm) 33(3mm) 43(3mm)
☐ Cleft	☐	☐	
☐ Festooned	☐	☐	

what about generally the how does the marginal tissue appear

Papillary

	Gen	Loc	Area(s)
☐ Pointed	☐	☐	
☐ Rounded	☐	☐	Blunted
☑ Blunted	☑	☐	* not reflected on perio chart.
☐ Bulbous	☐	☐	
☐ Cratered	☐	☐	

diffuse, papillary or marginal? X refer to probs

Gingival Description: Generalized Chronic ~~Periodontitis~~ gingivitis (mild, mod, severe)

Gingival inflammation: ☑ < 10% MM ☑ ≥ 10%

Faculty Signature: Faculty RDH * review ging statement examples. ***Date:*** July 18, 2024

PART B: AAP/EFP CLASSIFICATION OF PERIODONTAL DISEASES AND CONDITIONS, 2018

☐ **Periodontal Health / Gingival Diseases** ☐ N/A

☐ Periodontal Health ☐ Dental Biofilm-Induced Gingivitis ☐ Non-Dental Biofilm-Induced Gingivitis

☐ **Periodontitis** ☐ N/A

☐ Necrotizing periodontal diseases

☐ *Necrotizing ulcerative gingivitis (NUG)* ☐ *Necrotizing ulcerative periodontitis (NUP)* ☐ *Necrotizing stomatitis*

☐ Periodontitis as a Manifestation of Systemic Disease

Disease(s): ______

☐ Periodontitis (see reverse)

*****Classification of Periodontitis (Stage and Grade):*** ______

☐ **Conditions Affecting the Periodontium** ☐ N/A

☐ *Mucogingival deformities* ☐ *Traumatic occlusal forces* ☐ *Prostheses and tooth-related factors*

☐ *Systemic diseases or conditions affecting supporting tissues* ☐ *Periodontal abscesses and endodontic-periodontal lesions*

☐ **Peri-Implant Diseases and Conditions** ☐ N/A

☐ *Peri-implant health* ☐ *Peri-implant mucositis* ☐ *Peri-implantitis* ☐ *Peri-Implant soft and hard tissue deficiencies*

Faculty Signature: ***Date:***

Client: **Student:** **Date:**

PERIODONTITIS STAGING and GRADING

AAP/EFP CLASSIFICATION OF PERIODONTAL DISEASES AND CONDITIONS, 2018

STAGING **STAGE:** ______________________________ *(transfer to page 1)*

Periodontitis		Stage I	Stage II	Stage III	Stage IV
Severity	**Interdental CAL** *(at site of greatest loss)*	❑ **1 – 2 mm**	❑ **3 – 4 mm**	❑ **≥ 5 mm**	❑ **≥ 5 mm**
	RBL *(FMS, including BWs)*	❑ Coronal third (< 15%)	❑ Coronal third (15% - 33%)	❑ Extending to the middle third of root and beyond	❑ Extending to the middle third of root and beyond
	Tooth Loss *(due to periodontitis or with poor perio prognosis)*	❑ No tooth loss		❑ ≤ 4 teeth	❑ ≥ 5 teeth
Complexity	**Local**	Max. probing depth ≤ 4 mm Mostly horizontal bone loss	Max. probing depth ≤ 5 mm Mostly horizontal bone loss	In addition to Stage II complexity: - Probing depths ≥ 6 mm - Vertical bone loss ≥ 3 mm - Cl. II or III furcation involvement - Moderate ridge defects	In addition to Stage III complexity: Need for complex rehabilitation due to: - Masticatory dysfunction - Secondary occlusal trauma (mobility ≥ 2) - Severe ridge defects - Bite collapse, drifting, flaring - < 20 remaining teeth (< 10 opposing pairs)
Extent and distribution	**Add to stage as a descriptor**	❑ Localized (< 30% of teeth involved) ❑ Generalized (≥ 30% of teeth involved) ❑ Molar / incisor pattern		If localized, identify the distribution: ______________________________ ______________________________	

GRADING *(risk of progression)* **GRADE:** ______________________________ *(transfer to page 1)*

	Progression		Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate
Primary criteria *Whenever possible, direct evidence should be used.*	Direct evidence of progression	Radiographic bone loss or CAL	❑ No loss over 5 years	❑ < 2 mm over 5 years	❑ ≥ 2 mm over 5 years
	Indirect evidence of progression	% bone loss / age ______ / ______	❑ < 0.25	❑ 0.25 - 1.0	❑ > 1.0
		Case phenotype	❑ Heavy biofilm deposits with low levels of destruction	❑ Destruction commensurate with biofilm deposits	❑ Destruction exceeds expectations given biofilm deposits ❑ Specific clinical patterns suggestive of periods of rapid progression and/or early onset disease
Grade Modifiers	Risk factors	Smoking	❑ Non-smoker	❑ < 10 cigarettes /day	❑ ≥ 10 cigarettes /day
		Diabetes	❑ Normogycemic / no diagnosis of diabetes	❑ HbA1c < 7.0% in clients with diabetes	❑ HbA1c ≥ 7.0% in clients with diabetes

Faculty Signature: ***Date:***

Client: VITIS, Ginger Student: Molar McToothface Date: Jul 4, 2024

RADIOGRAPHY FORM

Client History:

Date of last radiographs: October 2019 Number and type: FMS

Significant medical history findings: Hypertension, mitral valve prolapse

Radiographs being requested:
PSR

- ❏ No radiographs
- ☑ FMS: ☑ full ❏ modified Areas:
- ❏ PAs: Number: ____ Areas:
- ❏ BWs: ❏ horizontal ❏ vertical ❏ 2 ❏ 4
- ❏ Panoramic

Rationale: Caries possible on 46, 45, 25, 26 + PFM bridge between 36/34 & 13/15 + RCT & Porcelain Crown on 12 & 27

❏ Radiograph Request Form sent to Dr. Tooth Fairy (there is a form to include when requesting rads from outside source) for copies of the most recent radiographs.

RDH referral to DDS: ☑ Yes ❏ No | *Date:* Jul 4, 2024 | *Faculty signature:* Faculty signature

Radiograph Prescription:

- ❏ No radiographs
- ☑ FMS: ☑ full ❏ modified Number: ____
- ❏ PAs: Number: ____
- ❏ BWs: ❏ horizontal ❏ vertical ❏ 2 ❏ 4
- ❏ Panoramic
- ❏ Occlusal ❏ maxillary ❏ mandibular

(FMS film diagram: each film marked TF)

Date: Jul 4, 2024 *DDS Signature:* Tooth Fairy

Client Consent / Refusal

The number and type of radiographs, the risks and benefits of exposure associated with these radiographs have been explained to me.

☑ I voluntarily consent to the radiographs as prescribed.

❏ I refuse the radiographs as prescribed. The consequences of refusing the proposed radiographs have been explained to me and I still do not want to have radiographs taken. I will not hold CADH (including students, faculty, and staff) liable for any negative consequences because of my decision to reject the recommended radiographs.

- ❏ Refuse full prescription
- ❏ Refuse partial prescription (list):

Client Signature: Ginger Vitis July 4, 2024

Evaluation of Radiographs for Diagnostic Quality

All radiographs exposed are diagnostic: ☑ Yes ❏ No

Retakes required: ☑ No ❏ Yes ❏ BW #____ ❏ PA #____

If non-diagnostic and retakes are not required, rationale: ❏ PAN ❏ Occlusal

Faculty Signature: Faculty signature *Date:* July 4, 2024

Student Interpretation:

- Bone level: - generalized, mild, horizontal
- Interproximal radiolucencies: - 46MO, 45DO, 25DO, 26 MO
- what other findings can you not see clinically?, eg, RCT,

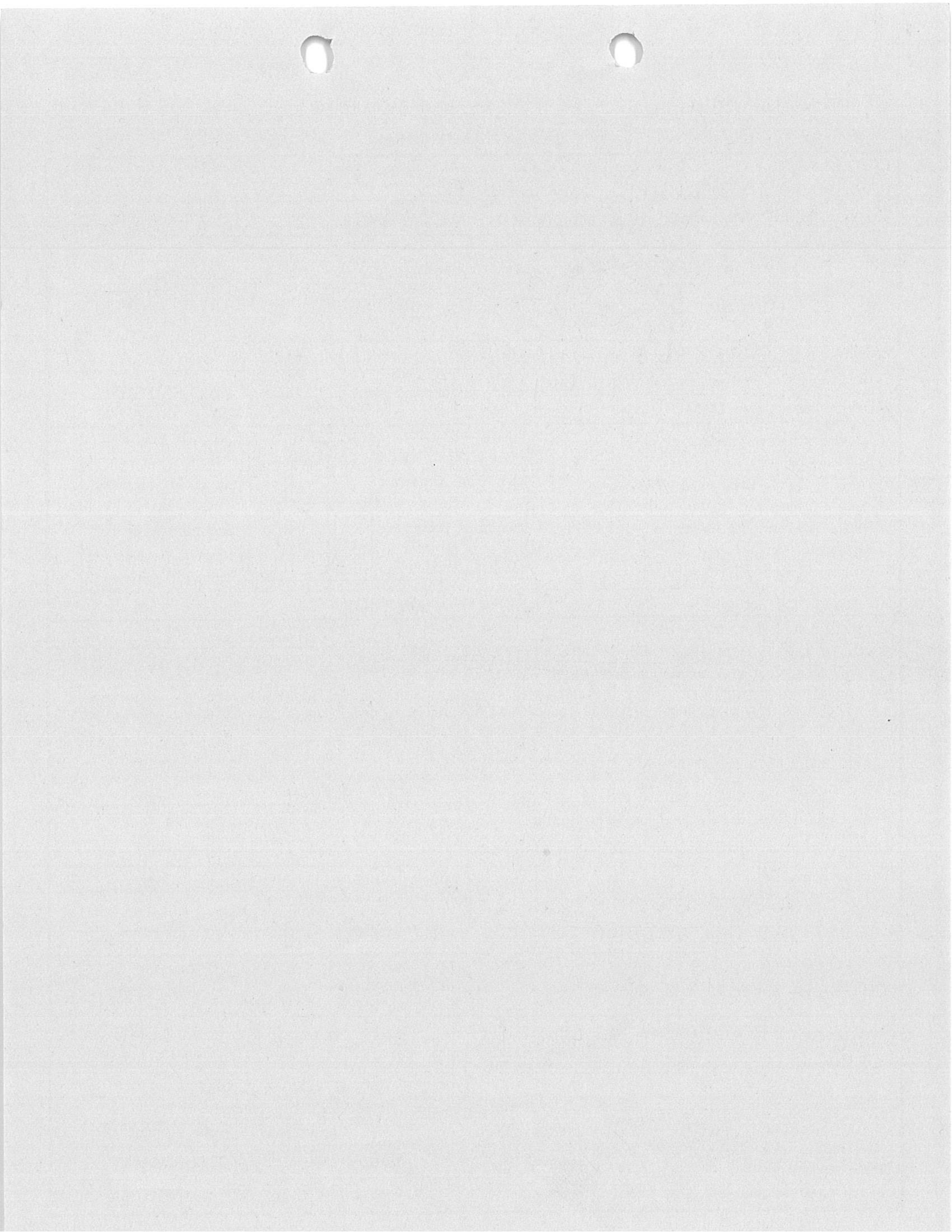
DDS Interpretation:

Confirmed:
- Bone level: generalized, mild, horizontal
- Caries: 46MO, 45DO, 25DO, 26MO

❏ Yes Radiographs received from an outside source. No diagnosis provided; findings not communicated.

DDS Signature: Tooth Fairy *Date:* Jul 4, 2024

Findings discussed with the client	☑ Y ❏ N ❏ N/A	*Faculty Signature:* Faculty signature	*Date:* Jul 4, 2024
Findings communicated via letter	❏ Y ☑ N/A		
Diagnosis/findings transferred to odontogram	☑ Y ❏ N ❏ N/A	*Faculty Signature:* Faculty signature	*Date:* Jul 4, 2024



Client Name: VITTIS, Ginger **Student Name:** Molar Mctoothface **Date:** ~~Aug 10, 2024~~ July 11, 2024 Jul 11/24 MM

ORAL HYGIENE STATUS

Biofilm: *BF Score = (number of biofilm-free surfaces x 100) / (number of teeth present x 4) **BF Score:** 32.2 %

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Maxillary	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗
Mandibular	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Breath: ❐ Normal ☑ Malodour

Oral Hyg: ❐ Excellent ❐ Good ❐ Fair ☑ Poor

Stain: teeth with extrinsic stain: 6 %
❐ None ☑ Light ☑ Extrinsic ☑ Moderate ❐ Heavy ☑ Intrinsic
(# of teeth with stain / # of teeth present) x 100

Biofilm Statement: Generalized Moderate Biofilm

Faculty Signature: Faculty signature ***Date:*** ~~Aug 10, 2024~~ Jul 11, 2024 MM Jul 11, 2024

Faculty Signature: Faculty signature ***Date:*** MM Jul 11/2024 ~~Aug 10, 2024~~ July 11, 2024

Calculus: Record supra-gingival deposits in blue (outside the circle). Record sub-gingival deposits in red (inside the circle).

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Maxillary	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗
Mandibular	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Start w/ gen statement 1st

Calculus Statement: ~~Localized moderate subgingival calculus on mandibular molars & mandibular anteriors with localized moderate supragingival calculus on the mandibular anteriors lingual surface~~ with generalized moderate interproximal subgingival & supragingival calculus.

Faculty Signature: Faculty signature ***Date:*** MM Jul 11/2024 ~~Aug 10, 2024~~ July 11, 2024

CLIENT LEVEL OF DIFFICULTY, REMOVALS, AND PERIODONTAL FOLLOW-UP

gen mod sub/supra cal.

Difficulty Designation: ❐ DD 0 ❐ DD 1 ❐ DD 2A ❐ DD 2P ☑ DD 2B ❐ DD 2C ❐ DD 3 ❐ DD 4
not DD2B/DD2

No. Removals (circle): 0.5 1 (2) (3) (4) 5 6

Assigned Removals: 1 2

Removal Area Completed	Date	Periodontal Follow-up (Findings)	Date
1. missing signatures of		❐ NA	
2. removal area completed.		❐ NA	
3.		❐ NA	
4.		❐ NA	
5.		❐ NA	
6.		❐ NA	

6mm pkts suggest DD3

FI: FI **Date:** July 11 2024

Were follow-ups transferred to the record of care? ❐ NA ❐ Yes ***Faculty Signature:*** ***Date:***

ORAL HYGIENE RECOMMENDATIONS and ORAL HEALTH EDUCATION

Oral Hygiene Aid(s)	Technique(s):	Rationale:
Biotene	Follow manufacturer instructions	Reduces dry mouth
Floss/interproximal brush	Spool/Follow manufacturer's instructions (must educate)	Reduces biofilm interproximal
Perio Gard toothpaste	Pea sized amount	Reduces biofilm, sensitivity, inflammation, gingivitis
Manual & electric toothbrush (choose 1)	Follow manufacturer's instructions Modified Stillman's	Client uses manual, is open to electric
Tongue Cleaner	Back to front, side, middle, side	Reduces biofilm & halitosis

good

Oral Health Education plan: Discuss the caries process, the link between cariogenic ~~bacteria~~ diet & caries; discuss the periodontal disease process; demonstrate Oral B toothbrush, spool floss technique, & interproximal brush. Recommended sealants & fluoride.

Faculty Signature: Faculty signature ***Date:*** MM Jul 11/2024 ~~Aug 10, 2024~~ Jul 11, 2024

Client Name: **Student Name:** **Date:**

Modifications to Original OHE Recommendations	
Was BF Score #2 completed? ☐ Yes ☐ No	
OHE Modifications recommended? ☐ Yes ☐ No	N/A
Modification:	Rationale: INCOMPLETE 2 BFS required - refer to rubric
1.	
2.	
3.	
4.	
Student signature:	***Faculty signature:*** ***Date:***

Biofilm Free Score #2

BFS # 1: ____% BFS #2 ____% Difference between BFS #1 and BFS #2: + / - ____%

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Maxillary	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗
Mandibular	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Faculty Signature: ***Date:***

Modifications to Original OHE Recommendations	
Was BF Score #3 completed? ☐ Yes ☐ No	
OHE Modifications recommended? ☐ Yes ☐ No	
Modification:	Rationale:
1.	N/A
2.	
3.	
4.	
Student signature:	***Faculty signature:*** ***Date:***

Biofilm Free Score #3

BFS # 1: ____ BFS # 2: ____% BFS #3 ____%
Difference between BFS #2 and BFS #3: + / - ____% Difference between BFS #1 and BFS #3: + / - ____%

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Maxillary	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗
Mandibular	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Faculty Signature: ***Date:***

Client Name: VITIS, Ginger **Student Name:** Molar, Mctoothface **Date:** July. 4. 2024

EXTRA ORAL EXAMINATION

Overall: Normal / Significant Findings
- Gait ☑
- Mobility ☑
- Symmetry ☑

Skin: Normal / Significant Findings
- Face ☑ Freckles (Bridge/tip of nose)
- Neck ☑ Small birthMark (Right)

TMJ: ❑ Normal

Left	Right	
❑	❑	Crepitus
☑	☑	Popping/Clicking
☑	☑	Tenderness on palpation
☑	☑	Pain/muscle tension
❑	❑	Other:

Nodes: Normal / Significant Findings
- Occipital ☑
- Preauricular ☑
- Postauricular ☑
- Cervical Chain ☑
- Submental ☑
- Submandibular ☑
- Supraclavicular ☑

Lesion(s): ❑ None ☑ Abnormal / Significant Findings (draw & describe)

Right Left

① Generlized circular tan macules on nose, 1mm x 1mm
② Generlized macule on right side of neck, 3mm x 3mm
colour shape?

Thyroid:
- ☑ Normal
- ❑ Abnormal

Other: ❑ None
Neck tattoo on left Side of neck

Faculty Signature: Faculty Signature ***Date:*** July 4. 2024

INTRA ORAL EXAMINATION

Lips: ☑ WNL ❑ Split ❑ Dry ❑ Other:
Frena: ☑ WNL ❑ Heavy ❑ Other:
Oral Mucosa: ❑ WNL ☑ Other: Bilateral linea alba (43-46, 33-36), White
Hard Palate: ❑ WNL ☑ Torus ❑ High ☑ Shallow ❑ Other: Small oval Shape (13-14) Region
Soft Palate: ☑ WNL ❑ Other:
Tonsils: ☑ WNL ❑ Not Present ❑ Other:
Oropharynx: ☑ WNL ❑ Other:
Floor of Mouth: ☑ WNL ❑ Tori ❑ Other:
Tongue: ❑ WNL ☑ Coated ❑ Other: Fissured tongue, Coated
Saliva: ❑ WNL ☑ Scanty ❑ Abundant || ❑ Serous ☑ Mixed ❑ Viscous ❑ Other: Dry mouth
N / A Habits: ❑ Bruxism ❑ Smoking ☑ Clenching ❑ Lip biting ❑ Nail biting ❑ Tongue Thrust ☑ Cheek biting ❑ Mouth breathing

Lesions:

❑ None ❑ Abnormal / Significant Findings (draw & describe details on lines provided)

① Palatal torus (13-14) region, with 7mm length, 7mm width, 4mm hight, oval, Small, localized.

② Bilateral localized linea alba, White (13-16, 23-26), 1mm thick

this info goes above only

record lesions, abnormal & significant findings only, not variations of normal

Lip, Labial Mucosa, Hard Palate, Vestibule, Commissure, Soft Palate, Gingiva, Buccal Mucosa, Dorsum of Tongue, Right, Left

Right, Left, Ventral Tongue, Gingiva, Labial Mucosa, Vestibule, Lip

Faculty Signature: Faculty Signature ***Date:*** July 4. 2024

Client Name: **Student Name:** **Date:**

EXTRA ORAL EXAMINATION

Overall: Normal / Significant Findings
- Gait ☐ ____
- Mobility ☐ ____
- Symmetry ☐ ____

Skin: Normal / Significant Findings
- Face ☐ ____
- Neck ☐ ____

TMJ: ☐ Normal

Left	Right	
☐	☐	Crepitus
☐	☐	Popping/Clicking
☐	☐	Tenderness on palpation
☐	☐	Pain/muscle tension
☐	☐	Other: ____

Nodes: Normal / Significant Findings
- Occipital ☐ ____
- Preauricular ☐ ____
- Postauricular ☐ ____
- Cervical Chain ☐ ____
- Submental ☐ ____
- Submandibular ☐ ____
- Supraclavicular ☐ ____

Lesion(s): ☐ None ☐ Abnormal / Significant Findings (draw & describe)

Right Left

Thyroid:
☐ Normal
☐ Abnormal

Other: ☐ None

Faculty Signature: ***Date:***

INTRA ORAL EXAMINATION

Lips: ☐ WNL ☐ Split ☐ Dry ☐ Other: ____
Frena: ☐ WNL ☐ Heavy ☐ Other: ____
Oral Mucosa: ☐ WNL ☐ Other: ____
Hard Palate: ☐ WNL ☐ Torus ☐ High ☐ Shallow ☐ Other: ____
Soft Palate: ☐ WNL ☐ Other: ____
Tonsils: ☐ WNL ☐ Not Present ☐ Other: ____
Oropharynx: ☐ WNL ☐ Other: ____
Floor of Mouth: ☐ WNL ☐ Tori ☐ Other: ____
Tongue: ☐ WNL ☐ Coated ☐ Other: ____
Saliva: ☐ WNL ☐ Scanty ☐ Abundant || ☐ Serous ☐ Mixed ☐ Viscous ☐ Other: ____
N / A Habits: ☐ Bruxism ☐ Smoking ☐ Clenching ☐ Lip biting ☐ Nail biting ☐ Tongue Thrust ☐ Cheek biting ☐ Mouth breathing

Lesions:
☐ None ☐ Abnormal / Significant Findings
(draw & describe details on lines provided)

Lip
Labial Mucosa
Hard Palate
Vestibule
Commisure
Soft Palate
Gingiva
Buccal Mucosa
Dorsum of Tongue
Right
Left
Right
Left
Ventral Tongue
Gingiva
Labial Mucosa
Vestibule
Lip

Faculty Signature: ***Date:***

Section II: Caries Risk Assessment*

A. Risk Factors (RF): *Identify all applicable moderate risk factors by placing a check next to it. High risk factors have been* ***bolded****. Each unbolded item identified will be given a score of 1 and every bolded item identified will be given a score of 2.*

❑	Presence of exposed root surfaces (recession sites)	❑	Misalignment	☑	**Xerostomia**
❑	Inconsistent professional treatment (last hyg 5 yrs)	❑	Eating disorders	❑	**Chemo/radiation therapy**
❑	Prolonged nursing (nursing or bottle)	❑	Poor oral hygiene	❑	**Poor family dental health**
❑	Recreational drugs/alcohol/tobacco use	❑	Sleep/snore guard, C-PAP	❑	**Active orthodontic treatment**
❑	Developmental or acquired enamel defects (spots, marbled, cracked, worn)	❑	Restoration overhangs, open margins, clasps or bracket	☑	**Cariogenic diet (high sugar, or acidic foods or beverages)**
☑	Medications: Atenolol, Aspirin, Norvasc				

B. Protective Factors (PF): *Identify all applicable factors that protect the client from risk by placing a check next to it. Each item will be given a score of 1.*

❑	Lives/works in fluoridated community (Mississauga)	❑	Uses fluoride mouthrinse daily	❑	Has adequate salivary flow
☑	Uses 5000 ppm fluoride toothpaste daily	❑	Uses fluoride toothpaste at least once a day (?)	❑	Used chlorhexidine for 1 week in last six months
❑	Had office topical fluoride in past 6 months (tray/varnish)	❑	Used xylitol gum/lozenges 4x daily for past 6 months		

C. Caries Risk (CR): *Determine the client's risk by using the following chart. If an age is not specified, the risk applies to all ages.*

Client Age: ❑ 0 – 6 years old ☑ ≥ 6 years old

Number of cavities client has had in last 36 months: ❑ 0 ❑ 1-2 ☑ ≥ 3

Risk Score	Number of Caries in the Past 3 Years: 0	1 - 2	≥ 3	Calculate the risk score by using the following formula:
≤ 0	**Low** No dietary analysis required	**High (0 – 6 years old)** Requires 3 day dietary analysis; Moderate (≥ 6 years old) Make recommendations	**High / Extreme** (high risk plus xerostomia or special needs) Requires 3-day dietary analysis	(not equal to your assessment) RF – PF: 4 – 1 = 3
1-3	**Low** No dietary analysis required	**Moderate** Make recommendations	**High / Extreme** (high risk plus xerostomia or special needs) Requires 3-day dietary analysis	Use the risk score to determine caries risk and need for dietary recommendations or 3 day dietary analysis.
≥ 4	**Moderate** Make recommendations	**High / Extreme** (high risk plus xerostomia or special needs) Requires 3-day dietary analysis	**High / Extreme** (high risk plus xerostomia or special needs) Requires 3-day dietary analysis (need to circle.)	

This section of the form has been developed from the 3M form and Darby and Walsh (2015) form "Caries Risk Assessment Form".

D. Implications for Dental Hygiene Care *Please note that clients with high or extreme caries risk are indicated for a 3-day dietary analysis. Where dietary analysis is not indicated, determine need for referral or recommendations.*

3-Day Dietary Analysis: ☑ Indicated ❑ Not Indicated Rationale: High risk caries /extreme	*Nutritional Counselling Referral:* ❑ Indicated ☑ Not Indicated Rationale: No systemic disease – hypertension is a systemic disease?? MUP??
Forms provided: ☑ Yes ❑ No	Referral provided: ❑ Yes ☑ No

I ☑ consent ❑ refuse to have a 3-day dietary analysis and any recommended and required follow-up. ❑ *Not indicated*

Client Signature: [signature] **Date:** July 11, 2024

Recommendation(s) related to caries risk (moderate risk) and dietary deficiencies not requiring a complete 3-day analysis or when it has been declined:

MISSING REC.

❑ Refer to Canada's Food Guide (Copy of food guide snapshot provided)

Faculty Signature: Faculty Signature **Date:** July 11, 2024

Client: VITIS, Ginger **Student:** Molar , Mctoothface **Date:** July 11, 2024

DIET AND CARIES RISK ASSESSMENT FORM

Section I: 24-hour typical diet

*Determine the client's **typical** eating habits over a **24-hour** period, record in the chart below, and identify any deficiencies.*

	What was consumed?	How much was consumed?
Fruit and Vegetables	• Papaya • Watermelon	• 1/2 cup • 1/2 cup
Grains	- Bread	• 2 ounces
Protein (Meat/Dairy & Plant)	• Yogurt	• 6 ounces
Fats and Oils butter	• Vegetable oil	• 2 tsp
Water	• Fluoridated water	• 70 ounces
Other Beverages (Juice, pop, power drinks, alcohol, etc.)	• Coke • Wine says client doesnt consume alcohol on H.H.	• 355ml • 5 ounces
Snacks	• Chocolate • Chips	• 70g • 2 ounces
Prepared Food/ Fast food	• Fries • Pizza	• 4 ounces • 1 slice

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PERIODONTAL ASSESSMENT

Client Name: VITIS, Ginger **Student Name:** Molar Mctoothface **Date:** July 11, 2024

Maxillary

Rows printed on the chart: Corrections (Attachment Loss, Gingival Margin, Probing Depth); Original (Mobility (I, II, III), Exudate, Bleeding, Attachment Loss, Gingival Margin, Probing Depth, PSR / BPE (age 7-17)); Facial; Furcations: Class I: Λ (blue), Class II: Δ (blue), Class III: ▲ (blue), Class IV: ▲ (red); Palatal; Original (Probing Depth, Gingival Margin, Attachment Loss, Bleeding, Exudate); Corrections (Probing Depth, Gingival Margin, Attachment Loss).

Tooth	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Mobility	I	✓														
Facial Gingival Margin	+3															
Facial Probing Depth	5 3 5	6 3 6	3 3 3	1 2 5	X X	1 2 4	3 3 3	1 2 3	1 2 3	3 3 3	1 2 2	3 2 3	4 2 4	6 1 6	6 4 1	
Palatal Probing Depth	6 5 6	1 2 3	2 4 4	1 1 1		3 2 4	3 1 3	2 1 2	1 2 1	1 2 3	3 2 1	3 2 3	3 3 3	4 2 5	4 2 1	
Palatal Gingival Margin		?														

Mandibular

Rows printed on the chart: Corrections (Attachment Loss, Gingival Margin, Probing Depth); Original (Exudate, Bleeding, Attachment Loss, Gingival Margin, Probing Depth); Lingual; Furcations: Class I: Λ (blue), Class II: Δ (blue), Class III: ▲ (blue), Class IV: ▲ (red); Facial; Original (PSR / BPE (age 7-17), Probing Depth, Gingival Margin, Attachment Loss, Bleeding, Exudate, Mobility (I, II, III)); Corrections (Probing Depth, Gingival Margin, Attachment Loss).

Tooth	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Lingual Probing Depth		1 2 3	3 1 2	2 1 3	4 2 3	5 1 2	3 2 3	1 2 3	3 1 2	2 1 3	3 2 3	5 1 2	X	1 2 5	5 1 2	
Facial Probing Depth		3 1 2	3 1 3	3 1 2	3 1 3	4 4 4	2 1 2	2 1 3	2 1 2	2 1 2	2 1 2	2 1 2		2 2 2	4 4 1	
Facial Gingival Margin						+3					+3			+4	+4	

Original: *Faculty Initials:* **Corrections:** *Faculty Initials:*

missing - incomplete

SUMMARY

Interdental CAL
teeth with the ***greatest*** loss
- ☐ 1 - 2 mm ____
- ☐ 3 - 4 mm ____
- ☐ ≥ 5 mm ____

Bleeding
% sites
[# sites BOP / (# teeth x 6)] x 100
____ %

Exudate
% teeth
(# teeth with exudate / total teeth) x 100
____ %

Mobility
% teeth
(# mobile teeth / total teeth) x 100
____ %

Furcation Involvement
- ☐ No furcation involvement
- ☐ Furcation involvement

Total # of teeth with furcation involvement ____

Inadequate Attached Gingiva
- ☐ No IAG ☒ IAG (<2mm - list)

Total # of teeth with IAG ____

Faculty
Faculty Signature

July 11, 2024
Date

not reflective of perio client

no bleeding?

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Client Name: VITIS, Ginger Student Name: Molar Mctoothface Date: July 18, 2024

EVALUATION of DENTAL HYGIENE CARE

Client-Specific Long-Term Goal: Reduce cold sensitivity & find solution for clenching & grinding

Date of first appointment: July 4, 2024 **Date treatment complete:** ______

Outcomes: All goals met? ☐ Yes ☑ No (If *No*, list unmet goals below.)

UNMET DENTAL HYGIENE GOALS and FOLLOW-UP RECOMMENDATIONS

	Outcome goal not met	Reason goal was not met	Follow-up Recommendations
1.	Client was unable to reduce anxiety	Overwhelmed by environment, wasn't able to develop construct dialogue with clinician	Encourage reassurance from staff or accompanying family member
2.	Concerned about financial investment where is this stated?	Socioeconomic factors	Suggest payment plans, prioritize what is necessary
3.			
4.			

ADDITIONAL RECOMMENDATIONS

1.	Client will make a follow up appointment before year end, Jan 2025
2.	
3.	

need to date correction, student & faculty initials required

Continuing care recommendation: ~~5~~ 3 MM months **Return date:** ~~Dec~~ Oct MM 2024 *(Month Year)*

☑ *I acknowledge that this information has been discussed with me.* *Client Signature:* ______

Faculty Signature: Faculty RDH *Date:* July 18, 2024

Client Name: VITIS Ginger Student Name: Molar Mc toothface Date: July 4, 2024

HUMAN NEEDS ASSESSMENT & DENTAL HYGIENE DIAGNOSIS AND PROGRESS EVALUATION

Client-Specific Long-Term Goal: Reduce Cold Sensitivity, & Find Solution for Clenching & Grinding (transfer to "Outcomes" form)

Deficit Categories:

1. Wholesome Facial Image *2. Protection from Health Risk* *3. Biologically Sound and Functional Dentition* *4. Freedom from Anxiety and Stress*
5. Freedom from Head and Neck Pain *6. Skin and Mucous Membrane Integrity of the Head and Neck* *7. Responsibility for Oral Health* *8. Conceptualization and Understanding*

Unmet Need *("deficit in" / "potential for")*	**Etiology or Cause of the Deficit** *("related to" / "due to")*	**Signs and Symptoms** *("as evidenced by" client report, clinical / radiographic findings)*	**Dental Hygiene Goal Statements** *(Client-centred goals - SMART)*	**Educational, Preventive, and Therapeutic Interventions**	**Evaluative Statement** not done until last appt
5	- Cold sensitivity - Clenching & grinding	Recession on the buccal aspect of 18(3mm), 37(4mm), 36(4mm), 33(3mm), 43(4mm) Poping & Clicking on R & L side	by the end of tx Client will understand the Connection of Clenching & TMD. Client will accept referral to dentist examination/consultation regarding night guard	- Refer to DDS - OHE - TMD education - Recommended regular Check-ups	Completion date: July 18, 2024 Client is able to verblize the Connection between Clenching & TMD Client has an appointment with a dentist on Aug 2/24 ☑ Goal Met ☐ Partially Met ☐ Not Met
6	Periodontitis	- Generilized 4-6mm pockets - localized recession - BFS 32.2% - moderate Sub G Cal - moderate Supra G Cal - Xerostomia	by the end of tx Client will be able to verbalize the rational importance for dentist visits & agree to book 3 month perio maintenance appt. link b/wn biofilm & perio?? - soft/hard deposit free	- OHE - Refer to DDS - debridement ?	Completion date: July 18, 2024 Client is able to discuss & link between inflamation to periodontal disease process - agreed to 3mrc? - accept referral - soft & hard dep. free. ☑ Goal Met ☐ Partially Met ☐ Not Met
7	Low Priority for Dental Treatment	- Last dental visit 2019 - Poor OH Complience (brush 1x a day, no flossing)	by the end of tx Client will Understand the importance of mitigating inflammation to prevent bone loss. Client will be able to explain the perio disease process - will agree to 3m interval??	- Recommended 3 month Continuing Care appt OHE ?	Completion date: July 18, 2024 Client is able to discuss the importance for regular dental visits and has booked an appt with dentist for Aug 2/24 ☑ Goal Met ☐ Partially Met ☐ Not Met
4	Concern of pain & Sensitivity Caused by Clinican	- Rate 6 out of 10 on fear scale - Parafunctional habits	by the end of tx Client will verbalize methods to reduce anxiety & will be open to build rapport with Client, at next appt Client will rank 3/10 for fear	- Implement Stress reduction protocols - pain management? - desensitization - OHE ?	Completion date: July 18, 2024 Client is able to verbalize methods to reduce Stress. Client rank a 5/10 for fear ☐ Goal Met ☐ Partially Met ? ☑ Not Met

Faculty Approval: Faculty RDH *Faculty:* Faculty RDH

Date: July 18, 2024 *Date:* July 18, 2024

eval @ last appt

Client Name: VITIS Ginger   Student Name: Molar, Mctoothface   Date: July 4, 2024

HUMAN NEEDS ASSESSMENT & DENTAL HYGIENE DIAGNOSIS AND PROGRESS EVALUATION

Client-Specific Long-Term Goal: Reduce Cold Sensitivity, & Find Solution for Clenching & Grinding (transfer to "Outcomes" form)

Deficit Categories:

1. Wholesome Facial Image
2. Protection from Health Risk
3. Biologically Sound and Functional Dentition
4. Freedom from Anxiety and Stress
5. Freedom from Head and Neck Pain
6. Skin and Mucous Membrane Integrity of the Head and Neck
7. Responsibility for Oral Health
8. Conceptualization and Understanding

Unmet Need ("deficit in" / "potential for")	Etiology or Cause of the Deficit ("related to" / "due to")	Signs and Symptoms ("as evidenced by" client report, clinical / radiographic findings)	Dental Hygiene Goal Statements (Client-centred goals - SMART)	Educational, Preventive, and Therapeutic Interventions	Evaluative Statement
3 potential for tooth loss	Missing teeth -has Caries -attrition	-Watch areas 16mo, 45 DO, 25 DO, 26 MO CARIES -missing teeth 48, 38, 28, 35, 14 RCT brushes 1x day food trap between 32, 33	by the end of tx Client will verbalize biofilm & caries, Client will demonstrate proper brushing & flossing technique. Client will agree to brush 2x/day & floss 1x day. Client will agree to accept referral to the dentist	-OHE -Refer to DDS -referral for guard?	Completion date: July 18, 2024 The Client is able to Explain the Connection between biofilm & Caries. Client is able to perform adequate OH brushing & flossing technique. Appt booked with dentist Aug 2/24 ☑ Goal Met ☐ Partially Met ☐ Not Met
1 potential for low self-esteem	Staining on teeth -Halitosis -fissured tongue	Moderate interproximal Supra & Sub G Cal Coated tongue -stain? -halitosis? -saliva flow? -medications related to xerostomia?	by the end of tx Client will understand (how?) the importance of implementing a daily oral hygiene routine that includes brushing 2x day, flossing, mouthwash, tongue Scraper & use fluoride be ... deposit free	-OHE debride	Completion date: July 18, 2024 Client is able to demonstrate adequate modified Stillman technique as well as Spool flossing technique. Client has Communicated Use of all OH recommendation & presents a good daily oral hygiene routine ☑ Goal Met ☐ Partially Met ☐ Not Met
2 potential for heart disease stroke	-hypertension				Completion date: ______ ☐ Goal Met ☐ Partially Met ☐ Not Met
					Completion date: ______ ☐ Goal Met ☐ Partially Met ☐ Not Met

Faculty Approval: Faculty RDH
Date: July 18, 2024

Faculty: Faculty RDH
Date: July 18, 2024

Client: VITIS, Ginger Student: Molar, Mctoothface Date: July 4, 2024

Dental Hygiene Care Plan

Appt No.	Time (min)	Dental Hygiene Intervention	Rationale	Modification	
1	50	MH & Vitals	ensure no Contraindications to tx		Date: July 4 2024
	30	EOE & IOE (Finalized)	determine any abnormalities		
	50	Rad Screening	See any abnormalities that cannot be seen clinically		SI: MM
	10	Rad Perscription	See any abnormalities that cannot be seen Clinically		
	35	Expose Rad	See any abnormalities that cannot be seen Clinically		FI: FI
	30	Rad Interpretation	interpret rad, obtain DDS diagnosis		
	30	Odontogram (initiated)	determine finding of dentition		CI: GV
	5	Review Documentation	ensure accuracy in documentation		
2	10	MH & vitals	ensure no contraindications to tx		Date: July 11 2024
	20	Odontogram (Finalized)	determine finding of dentition		
	30	Perio Charting	determine health of periodontium		SI: MM
	40	Diet & Caries Risk Assessment & Recomandation (Finalized)	interpret diet, relate to oral cavity, reduce caries risk ^ & improve nutrition		
	50	BFS HI	locate biofilm deposit		FI: FI
	50	Calculus Detection (Finalized)	determine location & deposit of calculus		
	30	Case Decision (after all assesment only are complete)	determine degree of difficulty		CI: GV
	5	Review Documentation	ensure accuracy in documentation		
3	10	MH & Vitals	ensure no contraindications to tx		Date: July 18 2024
	50	Gingival/Perio assessment (Finalized)	determine health & periodontium		
	50	Human Needs assessment (Finalized)	Set goals to improve oral health		SI: MM
	20	OHE	educate on disease process & recommend OH techniques & aids		
	10	Intra Oral Camera	Photos to aid with OHE		FI: FT
	10	DDS Referal	Refer to DDS		
	50	Care Plan (Finlized)	Set tx Schedule		CI: GV
	5	Review Documentation	ensure accuracy in documentation		

this happens before case decision

only signed when a modification is made

*SI = Student Initials; FI= Faculty Initials; CI = Client Initial

Faculty — Faculty Approval Signature July 18, 2024 — Date Vitis Ginger — Client Signature July 18, 2024 — Date

INCOMPLETE

Client: ______________________ Student: ______________________ Date: ______________

Dental Hygiene Care Plan

Appt No.	Time (min)	Dental Hygiene Intervention	Rationale	Modification	
					Date:
					SI:
		missing care plan for complete tx - all appts.			*FI:*
					CI:
					Date:
					SI:
					FI:
					CI:
					Date:
					SI:
					FI:
					CI:

**SI = Student Initials; FI= Faculty Initials; CI = Client Initial*

Filled out!

Faculty Approval Signature ______ ***Date*** ______ ***Client Signature*** ______ ***Date*** ______

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CANADIAN ACADEMY OF DENTAL HEALTH AND COMMUNITY SCIENCES
a Division of the Canadian Academy of Dental Hygiene Inc. Est 2001

Client Name: VITIS, Ginger

Informed Consent

I, the undersigned, certify that I have been fully informed about the treatment plan presented to me, why I should have the treatment, and who will be providing the treatment.

I further acknowledge that I have been fully informed about the important effects, risks, and side effects of the treatment, and the alternatives to the treatments presented.

I understand the explanations provided to me by the student clinician Molar, Mctoothface, and /or dental hygienist, and /or dentist. I have had the opportunity to ask questions, and receive answers to all my questions relating to the treatment. I have no further questions.

I wish to proceed with the presented treatment plan, including the interventions identified below and take responsibility for payment of the fees associated with these services. My consent is voluntary.

Client initials	Intervention	Client initials	Intervention
GV	☑ Oral Hygiene /Health Education		☐ Enamel Sealants (pit and fissure sealants)
	☐ Periodontal Debridement (cleaning)		☐ Impressions and Sportsguard Fabrication
	☐ Coronal Polish (tooth polishing)		☐ Impressions and Whitening Tray Fabrication
	☐ Fluoride Treatment		☐ Tobacco Cessation Counselling
GV	☑ Referral (for dental examination)		☐ 3-day Diet Analysis and Nutrition Counselling
	☐ Referral (other): TMD specialist?		☐ 4-6 Week Periodontal Re-Evaluation
	DDS – TMD.		☐ Topical Anaesthetic if required
			☐ Local Anaesthetic if required (administered by a dentist)

you recommended this & client accepted - see DS caries form

is this a part of pain management strategy for this client

Date: July 18, 2024

Signature: GingerV

☑ Client

☐ Legal Guardian ______ (Print name of legal guardian)

Witness (Student): Molar, Mctoothface

Witness Signature: MMctoothface

Faculty Signature: Kaelley

Date: July 18, 2024

CANADIAN ACADEMY OF DENTAL HEALTH AND COMMUNITY SCIENCES
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Client Name: ______________________________

Withdrawal of Consent / Refusal of Recommended Treatment

I, the undersigned, understand that I have both the right and the obligation to make well-informed decisions about my healthcare.

I acknowledge that recommendations have been made based on visual and /or radiographic assessment and that I have been provided with information related to the benefits and risks associated with the proposed interventions, as well as the possible consequences of not proceeding with the proposed intervention(s).

I further acknowledge that possible alternatives have been explained to me, and that I have had the opportunity to ask questions and have had all my questions answered to my satisfaction.

This form acknowledges my refusal or withdrawal of consent for the following proposed interventions (list):

I certify that I have read or had read to me the contents of this form. I understand the possible advantages of proceeding with the recommended treatment and the possible risks and consequences of refusing the recommended treatment.

I have decided to refuse the treatment recommended to me. I hereby release the Canadian Academy of Dental Health and Community Sciences, its students, employees, partners, agents, or corporation from any liability for any and all injuries and damages I may sustain as a result of my refusing recommended dental treatment.

Date: ____________________

Signature: ______________________________

☐ Client

☐ Legal Guardian ______________________________
(Print name of legal guardian)

Witness (Student): ____________________

Witness Signature: ____________________

Faculty Signature: ______________________________

Date: ____________________

Client Name: VITIS, Ginger   Date: July 8, 2024

CLIENT COMMUNICATION RECORD

Date	Communication Notes	Student Signature	Faculty Signature
July 4/24	Called client on July 1st to confirm appointment	~~Molar Metoothface~~ MM	
	for July 4/24. Client confirmed		
	Client sent reminder morning of appointment on		
	July 4th to show 15 minutes before scheduled time		
	Client was given information phamphlet at end of		
	appointment. Appointment was booked for July 11th/24.	Molar Metoothface	Faculty RDH
July 11/24	Sent client reminder through text to arrive 15		
	minutes before scheduled time		
	Client given additional educational resources following		
	appointment. Booked appointment for July 18th/24.	Molar Metoothface	Faculty RDH
July 18/24	Sent reminder through text to show 15 minutes		
	before scheduled time. Client verbally confirmed	Molar Metoothface	Faculty RDH
	appointment for July 25th/24.		

missing many appts.

Client Name: ______________________________ Date: ____________________

CLIENT COMMUNICATION RECORD

Date	Communication Notes	Student Signature	Faculty Signature

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CANADIAN ACADEMY OF DENTAL HEALTH AND COMMUNITY SCIENCES

Clinical Records Audit Form

DD Level: 0 1 2A (2B) (2C) 2P 3 4	
Treatment:	☐ Complete ☑ In progress ☐ Not complete
Continuing Care:	☑ Returning ☐ Not returning (file closed)
Interval: 3 months	Return Date: July 25/24

Client Name: VITIS, Ginger

Student Name: Molar, Mctoothface Level: 1

Part 1: Quantitative Review						
Chart Section	**Student**			**Faculty**		
Section 1	**C**	**I**	**N/A**	**C**	**I**	**N/A**
Invoice	✓					
Referral(s)	✓					
Radiographs	✓					
Medical Clearance			✓			
Other (e.g., Screening form)			✓			
COVID-19 consent form			✓			
Section 2	**C**	**I**	**N/A**	**C**	**I**	**N/A**
Dental /Health History	✓					
Health History Update			✓ (circled)	?		
Medication Record	✓					
Tobacco Use Survey			✓			
Client Consent for Records	✓					
Client Acknowledgement	✓					
Consent for Photo /Video	✓					
Section 3	**C**	**I**	**N/A**	**C**	**I**	**N/A**
Periodontal Re-Evaluation *			✓			
Periodontal Examination	✓		~~✓~~ July 18, 2024 MM			

* Place on top of the associated *Periodontal Examination* form.

Chart Section	Student			Faculty		
Section 4	**C**	**I**	**N/A**	**C**	**I**	**N/A**
Dental Chart form	✓					
IOE / EOE	✓					
Gingival /Perio Assessment	✓					
OH Status /Removals / OHR	·		✓ (circled)			
Radiography form	✓					
Diet / Caries Risk Assessment	✓					
Evaluation of DH Care **			✓ (circled)			
HNA / Goals / HNE	✓					
Care Plan or Treatment Plan	✓					
Informed Consent for Tx	✓					
Tobacco Cessation Counselling			✓			
Nutritional Counselling forms			✓			
PICO Summary			✓			
Level 4 Consolidation forms			✓			
Section 5	**C**	**I**	**N/A**	**C**	**I**	**N/A**
Communication Records	✓					
Chart Audit forms	✓					
Unmet DH Goals / Rec.***	✓					
Section 6	**C**	**I**	**N/A**	**C**	**I**	**N/A**
Record of Care (ROC)	✓					

** Place on top of the associated *HNA / Goals / HNE* form.
*** If present (archived form).

Documentation		
All forms present	☑ Yes	☐ No
All forms in correct sequence	☑ Yes	☐ No

Part 2: Qualitative Review				
Quality Assurance	**Student**		**Faculty**	
Assessment:				
• All pertinent assessment data were gathered.	☑ Y	☐ N	☐ Y	☐ N
• Odontogram includes radiographic findings (and "Changes to Dental Chart" if applicable)	☑ Y	☐ N	☐ Y	☐ N
• The client was informed of all significant assessment findings.	☑ Y	☐ N	☐ Y	☐ N
DH Diagnosis and Client Goals:				
• The DH diagnosis reflects all pertinent assessment findings.	☑ Y	☐ N	☐ Y	☐ N
• The goals are client-specific, measurable, achievable, relevant, and time-sensitive.	☑ Y	☐ N	☐ Y	☐ N
Care Plan:		July 18/24 MM		
• The care /treatment form is comprehensive and addresses the client's needs /concerns /goals.	☑ Y	~~☑~~ N	☐ Y	☐ N
• Informed consent /refusal obtained for planned DH interventions.	☑ Y	~~☑~~ N	☐ Y	☐ N
Implementation:		July 18/24 MM		
• All procedures implemented as planned. If not, explain (see reverse).	☑ Y	Jul 18/24 MM ~~☑~~ N	☐ Y	☐ N
• Authorization obtained for implementation of controlled acts (all debridement appts.).	☐ Y	☑ N	☐ Y	☐ N
Evaluation:				
• All educational and therapeutic goals have been addressed. If not, explain (see reverse).	☑ Y	☐ N	☐ Y	☐ N
• Outcomes have been discussed with client and appropriate recommendations made.	☑ Y	☐ N	☐ Y	☐ N
• The record of care (ROC) is complete and legible. If not, explain (see reverse).	☑ Y	☐ N	☐ Y	☐ N
• The *Client Feedback Survey* was provided and recorded in the Communication Record.	☑ Y	☐ N	☐ Y	☐ N
• Action required to correct recordkeeping deficiencies noted. Explain (see reverse).	☑ Y	☐ N	☐ Y	☐ N

Deficiencies noted in documentation or client care (missing or incomplete information).	
Student Auditor Findings ➢ Indicate if a late entry was made or if a signature (specify faculty member), etc., needs to be obtained to correct each identified deficiency.	
Faculty Auditor Findings	

Student Auditor: ______________________________ Date: ______________
Signature

Faculty Auditor: ______________________________ Date: ______________
Signature

Corrections implemented: ☐ Y ☐ N/A Clinical Records Audit form filed in the chart: ☐ Y	
Verified by: ______________ (Faculty Name) ______________ (Signature)	Date: ______________

Client Name: VITTS, Ginger

good!

Client Record of Care

Student Entry			Dental Hygiene Care Codes (circle below)		
Date: Jul 4, 2024	Student: molar Mctoothface	Faculty: Faculty	(100)	202	300
			201	(203)	400

PPE as per CADH policy. Covid-19 screening negative. ✓
S: obtained informed consent for tx. Client says "I clench & grind & have cold sensitivity. I also get discomfort when I chew on lower right & upper left".
O: MH & vitals are WNL. No contraindications to tx. Bruxism generalized as evidenced on EOE with popping, pain, & tenderness both sides. Also, localized recession on buccal aspects of 18, 37, 36, 33, 43 (see during perio). Caries as evidenced by rads, present on 46MO, 45DO, 25DO, 26MO – confirmed by Dr. Tooth Fairy.
A: protection from head and neck pain deficit related to clenching/grinding & cold sensitivity as evidenced by bruxism, popping, pain & tenderness on both sides. Protection from biologically sound & functional dentition deficit related to localized caries as evidenced by caries on 46MO, 45DO, 25DO, 26MO & mobility M1 on 18. (Only need to list 1 def.)
P: MH & vitals, odontogram finalization, periocharting, diet & caries assessment, BFS #1, calculus detection finalization, case decision, & review documentation. (PPE)
I: Completed MH & vitals, EOE/IOE, rad screening & prescription by Dr. Tooth Fairy, rads exposed & interpreted by Molar Mctoothface, odontogram initiated & reviewed documentation. * Rads communicated to client
E: Tx incomplete. Evaluated clenching & grinding & cold sensitivity, & evaluated caries risk.
NV: Jul. 11/2024 —— do not leave blank lines

Faculty Entry

Faculty members must sign their entries.

Sign-in: Clear to proceed
Time: 8:20 am
Signature: Faculty

Authorized to debride: ☐ Yes ☐ N/A
Areas(s):
Signature:

Sign-out: Clear to dismiss
Time: 11:50 am
Signature: Faculty

Additional notations:

Is this the client's last appointment? ☒ No (No action for *Chart Audit* section below) ☐ Yes (Fill in *Chart Audit* section below when audit complete)

Infection Prevention and Control

Date Processed: Jul 3/2024 Kit: ~~A~~ molar Mctoothface ☐ Faculty Kit (MM Jul 4/24) Sterilizer: ☐1 ☐2 ☒3 ☐4 ☐5 Load #: 2 Test Strip: (Negative) Positive	Date Processed: Jul 3/2024 Kit: I & X "for rad equip" ☒ Faculty Kit Sterilizer: ☐1 ☐2 ☒3 ☐4 ☐5 Load #: 2 Test Strip: (Negative) Positive	Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive
Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive	Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive	Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive
Student Signature: Molar Mctoothface	*Faculty Signature:* Faculty	

Chart Audit

Student Audit Date: ~~Jul 4/2024~~ MM Jul 4/24	*Student Signature:* ~~Molar Mctoothface~~ MM Jul 4/24
Faculty Acknowledgement Date: ~~Jul 4/2024~~ MM Jul 4/24	*Faculty Signature:* ~~Faculty~~ MM Jul 4/24
Faculty Audit Date: ~~Jul 4/2024~~ MM Jul 4/24	*Faculty Auditor Signature:* ~~Faculty~~ MM Jul 4/24

Client Name: VITS, Ginger

Client Record of Care

Student Entry			**Dental Hygiene Care Codes (circle below)**		
Date: Jul 11/2024	*Student:* Molar McToothface	*Faculty:* Faculty	100	202	300
			201	203	400

PPE as per CADH. Covid-19 screening negative.
S: Obtained informed consent for tx. Client says "I still feel tartar on my teeth after brushing (I can't seem to brush it effectively)."
O: MH & vitals are WNL. No contraindications to tx. Localized calculus as evidenced by moderate supra & subg calculus on lingual surfaces of molars & mand anteriors; also evidenced by generalized moderate plaque deposits on all teeth & moderate interproximal calculus on all teeth. Periodontitis as evidenced by 4, 5, 6 mm pockets in all quadrants upon periodontal ~~prob~~ charting. recession, BOP %, mobility, etc.
A: Protection from skin & mucous membrane integrity deficit related to periodontitis as evidenced by generalized 4, 5, 6 mm pockets in all quadrants; calc, BOP, biofilm score %
P: MH & vitals, gingival/periodontal assessment, finalize human needs assessment, finalize human needs assessment, OHE delivery, intra oral camera use, refer to DDS, finalize care plan, & review documentation.
I: MH & vitals done, finalized odontogram, perio charting, finalized diet & caries risk assessment, completed BFS #1 (score) finalized calculus detection, completed case decision, & reviewed documentation.
E: TX incomplete. Evaluated calculus & periodontal health, evaluated BFS. what did you evaluate today?, says you will eval clench/grinding & cold sensitivity, see entry 2 "E" statement
NV: Jul 18/2024

NO BLANK LINES

Faculty Entry

Faculty members must sign their entries.

Sign-in: Clear to proceed
Time: 8:20 am
Signature: Faculty

Authorized to debride: ☐ Yes ☐ N/A
Areas(s):
Signature:

Sign-out: Clear to dismiss
Time: ~~8:20 pm~~ 12:20 pm
Signature: Faculty

Additional notations:
what about diet & caries assessment?

Is this the client's last appointment? ☑ No (No action for *Chart Audit* section below) ☐ Yes (Fill in *Chart Audit* section below when audit complete)

Infection Prevention and Control

Date Processed: Jul 10/2024 Kit: ~~A~~ Molar McToothface (Jul 11/24 MM) ☐ Faculty Kit Sterilizer: ☐1 ☑2 ☐3 ☐4 ☐5 Load #: 2 Test Strip: (Negative) Positive	Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive	Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive
Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive	Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive	Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive
Student Signature:	*Faculty Signature:*	

Chart Audit

Student Audit Date: ~~Jul 11/2024~~ MM Jul 4/24	*Student Signature:* ~~Molar McToothface~~ MM Jul 4/24
Faculty Acknowledgement Date: ~~Jul 11/2024~~ MM Jul 4/24	*Faculty Signature:* ~~Faculty~~ MM Jul 4/24
Faculty Audit Date: ~~Jul 11/2024~~ MM Jul 4/24	*Faculty Auditor Signature:* ~~Faculty~~ MM Jul 4/24

done @ last appt

Client Name: VITIS, Ginger

Client Record of Care

~~Incomplete~~ ITS ~~see~~ ~~subtitle~~ [illegible]

Student Entry			**Dental Hygiene Care Codes (circle below)**		
Date: Jul 18/2024	*Student:* Molar Mctoothface	*Faculty:* Faculty	100	202	300
			201	203	400

PPE as per CADH policy. Covid-19 screening negative.
S: Obtained informed consent for tx. Client says "I have bad breath".
O: MH & vitals are WNL. No contraindications to tx. Halitosis as evidenced by xerostomia & fissured tongue ~~with intra oral camera~~. *(what other findings occurred in this appt)*
A: Protection from wholesome facial image deficit related to chronic halitosis as evidenced by fissured tongue & bad breath.
P: debridement.
I: Evaluated MH & vitals, finalized periodontal assessment & human needs assessment, used intraoral camera, & delivered OHE, & referred to Dr. ToothFairy. Finalized care plan & reviewed documentation.
E: TX incomplete. Evaluated fissured tongue & adressed chronic halitosis using intraoral camera & provided OHE. *this is for reassessing statement not implementation. also need to include what you will evaluate @ next visit from "A" statement*
NV: ~~N/ TBD~~ MM Jul 18/24 Jul 25/2024

CANNOT LEAVE BLANK LINES

Faculty Entry

Faculty members must sign their entries.

Sign-in: Clear to proceed
Time: 8:20 am
Signature: Faculty

Authorized to debride: ☐ Yes ☐ N/A
Areas(s):
Signature:

Sign-out: Clear to dismiss
Time: 12:20 pm
Signature: Faculty

Additional notations:

Is this the client's last appointment? ☑ No (No action for *Chart Audit* section below) ☐ Yes (Fill in *Chart Audit* section below when audit complete)

Infection Prevention and Control

Date Processed: Jul. 17/24 ? (Jul 18/24 MM) Kit: ~~Arya~~ Molar Mctoothface ☐ Faculty Kit Sterilizer: ☐1 ☑2 ☐3 ☐4 ☐5 Load #: 2 Test Strip: (Negative) Positive	Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive	Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive
Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive	Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive	Date Processed: Kit: ☐ Faculty Kit Sterilizer: ☐1 ☐2 ☐3 ☐4 ☐5 Load #: Test Strip: Negative Positive
Student Signature:	*Faculty Signature:*	

Chart Audit

Student Audit Date:	
Faculty Acknowledgement Date:	*Student Signature:*
Faculty Audit Date:	*Faculty Signature:*
	Faculty Auditor Signature:

Client Name:

Client Record of Care

Student Entry		
Date:	*Student:*	*Faculty:*

Dental Hygiene Care Codes (circle below)		
100	202	300
201	203	400

Faculty Entry

Faculty members must sign their entries.

Sign-in: Clear to proceed

Time:

Signature:

Authorized to debride: ❑ Yes ❑ N/A

Areas(s):

Signature:

Sign-out: Clear to dismiss

Time:

Signature:

Additional notations:

Is this the client's last appointment? ❑ No (No action for *Chart Audit* section below) ❑ Yes (Fill in *Chart Audit* section below when audit complete)

Infection Prevention and Control

Date Processed: Kit: ❑ Faculty Kit Sterilizer: ❑1 ❑2 ❑3 ❑4 ❑5 Load #: Test Strip: Negative Positive	Date Processed: Kit: ❑ Faculty Kit Sterilizer: ❑1 ❑2 ❑3 ❑4 ❑5 Load #: Test Strip: Negative Positive	Date Processed: Kit: ❑ Faculty Kit Sterilizer: ❑1 ❑2 ❑3 ❑4 ❑5 Load #: Test Strip: Negative Positive
Date Processed: Kit: ❑ Faculty Kit Sterilizer: ❑1 ❑2 ❑3 ❑4 ❑5 Load #: Test Strip: Negative Positive	Date Processed: Kit: ❑ Faculty Kit Sterilizer: ❑1 ❑2 ❑3 ❑4 ❑5 Load #: Test Strip: Negative Positive	Date Processed: Kit: ❑ Faculty Kit Sterilizer: ❑1 ❑2 ❑3 ❑4 ❑5 Load #: Test Strip: Negative Positive

Student Signature:	*Faculty Signature:*

Chart Audit

Student Audit Date:	*Student Signature:*
Faculty Acknowledgement Date:	*Faculty Signature:*
Faculty Audit Date:	*Faculty Auditor Signature:*

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ASSIGNMENT #1: THE DENTAL HYGIENE PROCESS OF CARE

Throughout this course you have been learning and discussing the:

- Importance of using the dental hygiene process of care to deliver dental hygiene services
- Concepts and principles of assessment in the dental hygiene process of care
- Importance of dental hygiene diagnostic statements using the human needs conceptual model
- Development, implementation and evaluation of evidence based dental hygiene care plans
- Importance of accurate and factual documentation related to client care

Using this knowledge, you are expected to complete an accurate client chart by:

- Completing **all areas of the chart** using information provided in the assigned case history. If there is information missing, you must come up with fictional information. For example, if a name has not been provided, make one up, make up client signature, faculty signature etc).

Instructions:

- Students will work in groups of 3-4
- Students are expected to include a minimum 2 page summary of their client. This summary should include:
  - ☐ Medications: side effects, drug interactions, oral complications, dental hygiene treatment considerations and treatment plan modifications, oral hygiene instructions
  - ☐ Additional relevant information pertaining to your client
- **Record of Care:** Complete **THREE** individual TREATMENT RENDERED entries using the SOAPIE format

Final grade for this assignment will be determined as follows:

- Chart Assignment (25%) + Peer Assessments (5%) = 30%

Please hand in the case study with your assignment.

Please include a list of references. FAILURE to do so is considered academic dishonesty.

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Process of Care Chart Assignment Evaluation Form

Student Names: ____

Criteria	Mark Earned	Maximum Mark
Physical Appearance • Cover page has students names, course name and number, date and case history number • Chart is legibly written		2
Clinical Chart • Client's name, student's name and date are placed on all appropriate areas of the chart		3
• Client's History is complete, accurate, up to date and recorded in the appropriate areas for all of the following categories:		
1. Personal information (name, address, phone number, physician, dentist, etc)		3
2. Dental history		3
3. Health history		5
4. Vital signs		3
5. Record of medication form		4
• The client has read and completed the following forms:		
1. Client consent form (collection, use and disclosure of personal information)		2
2. Client Acknowledgement form		1
3. Release and authorization for photograph and video recordings form		1
• The following areas of the chart are complete, accurate and appropriately documented:		
1. Dental chart		5
2. Extra-oral exam		3
3. Intra-oral exam		3
4. Periodontal charting		5
5. Periodontal assessment (Part A: gingival description)		4
6. Plaque free score (minimum two entries)		2
7. Calculus deposit detection record		2
8. Calculus statement		2
9. Client Classification (degree of difficulty)		2
10. Oral hygiene recommendations		3
11. Radiograph request form (rationale if client does not require radiographs)		2
12. Diet and caries assessment		4
13. Recommended treatment: Informed consent		1
14. Record of Care: using the SOAPIE format (3 entries)		6
15. Record of Care: Infection Prevention and Control (4 entries)		4

The Care Plan • Human Needs Deficits: A. Appropriate deficits are identified B. Diagnoses: i. Identify the appropriate deficits ii. Appropriately written and documented C. Goals: i. Linked directly to the diagnosis ii. Are observable iii. Are client specific iv. Are measurable and use the appropriate measurement tool(s) v. Include target time when goal will be met • Appointment Sequence A. Number of appointments is provided and appropriate B. Sequence of interventions is appropriate C. Interventions are documented appropriately D. Time for each intervention is determined and appropriately documented		10 15 10
Evaluation/Outcomes • Documentation of whether client has achieved or not achieved goal is documented • Unmet dental hygiene goals and follow up recommendations • Evidence provided to back up goal attainment or not • Re-care interval is determined for client based on the evidence		10
Communications Record • Documentation of each contact with client • Method of contact (phone, email, in person etc) • Purpose and outcome of the call		2
Client Clinical Records Audit form • Documentation of completion of all areas of the chart as per the audit form		4
Client Referral Form • Documentation of completion of all areas of the client referral form		2
Client Feedback Form • Documentation of completion of all areas of the clinic client feedback form		2
Two Page summary • Type written and doubled space • Organized and well formulated • Brief description of the medical health condition, which includes specific signs and symptoms • Medications are discussed in terms for their side effects, oral complications and treatment considerations • Dental hygiene treatment plan modifications and oral hygiene instructions recommended for your client • Any additional relevant information pertaining to your client		20
Spelling and Grammar		5
TOTAL		155
VALUE ***PLEASE INCLUDE A LIST OF REFERENCES. FAILURE TO DO SO IS CONSIDERED ACADEMIC DISHONESTY***		25%