Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS PRIMARY ACCESS Regional Information System

HSCL DENTAL ASSESSMENT

Name:		**PARIS ID:**
DOB:	**Age:**	**PHN:**
Gender:		**Phone:**
Home Address:		

Assessment Start Date: **Assessment End Date:** **Carried Out By:**

Dental Background

Dentist Name:

Dentist Phone:

Medical History:

Allergies - Current

A / S	Date Entered	Allergen	Reaction	Comment

Medications

Please see Medication Section in PARIS or Medication/Treatment Orders-Recommendation report for further details. (eg. medications in home?, Confirmed (written order received?))

Medication	Route	Dose	Frequency	Start Date	End Date	Comments

Concerns

Please indicate any of the following concerns:

Concern	No Concern	
☐	☐	Long Lasting Bad Breath
☐	☐	Blood on Toothbrush, teeth, or in the spit after brushing
☐	☐	Discomfort while eating or drinking
☐	☐	Person indicating mouth pain (ie. may not include eating, avoiding brushing, pulling at face, hitting the face)

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☐	☐	Swelling of the face
☐	☐	Trauma to the mouth or face area
☐	☐	Loose Teeth
☐	☐	Discoloration, lumps, or bumps on the lip or inside the mouth
☐	☐	Dysphagia
☐	☐	Diabetes
☐	☐	Tube feed
☐	☐	Assistance required for daily oral hygiene care
☐	☐	Resistance to mouthcare
☐	☐	General Anaesthesia (GA) for dental treatment
☐	☐	Sedation for dental treatment
☐	☐	Last dental visit was more than two years ago
☐	☐	Assistance required to access dental services within the community

Other Concerns:

Observations

Aids

Yes		Comments:
☐	Manual Toothbrush:	
☐	Power Toothbrush:	
☐	Collis Curve Toothbrush:	
☐	Toothpaste:	
☐	Sensodyne Toothpaste:	
☐	Dental Floss:	
☐	Floss Stick:	

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- ☐ Superfloss:
- ☐ Floss Threader:
- ☐ Fluoride Mouth Rinse:
- ☐ Salt Water Rinse:
- ☐ Mouth Rinse:
- ☐ Water-pik:
- ☐ Mouth Prop ('open wide'):
- ☐ Denture Brush:
- ☐ Denture Cup/Container:
- ☐ Lip Lubricant:

Comments:

Special Considerations

Recommendations

Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments

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Name:	PARIS ID:

Needs

Need	Post to C/P	Processed	Comments

Casenote

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

---------- End of Report ----------