

PATIENT NUMBER

PATIENT'S NAME _____ Last _____ First _____ Initial _____ Date of Birth _____

DATE _____ THERAPIST _____

PROBING – Place probe as close to the contact point as possible, directed along the long axis of the tooth. Take the mesial, mid and distal measurements from the buccal aspect. Repeat for lingual aspect. Record only those measurements over 3mm.
BLEEDING – After probing each quadrant, note whether or not bleeding has occurred. Indicate the bleeding area by circling the pocket in red.
MOBILITY – Move each tooth between two instrument handles in a bucco-lingual direction and attempt to depress each tooth in its socket. Grade each tooth accordingly: 0 - Movement of less than 0.5mm; 1 - 0.5mm to 1.0mm; 2 - 1.0mm to 2.0mm; 3 - Movement of more than 2.0mm or depressible.
FURCATION – Probe from the buccal and lingual. Record accordingly: 0 - Normal; 1 - Slight; 2 - Moderate; 3 - Through and through.
RECESSION – Measure the exposed surface from the cemental enamel junction (CEJ) to the gingival crest. Enter the distance in millimeters (mm).

Date/Therapist	Tooth	1	2	3	4	5	6	7	8
		D	MD	MD	MD	MD	MD	MD	MD
Pocket Depth	B								
	L								
Mobility									
Furcation									
Recession									

Date/Therapist	Tooth	9	10	11	12	13	14	15	16
		DM	DM	DM	DM	DM	DM	DM	DM
Pocket Depth	B								
	L								
Mobility									
Furcation									
Recession									

Date/Therapist	Tooth	D	MD	MD	MD	MD	MD	MD	M
		32	31	30	29	28	27	26	25
Pocket Depth	B								
	L								
Mobility									
Furcation									
Recession									

Date/Therapist	Tooth	M	DM	DM	DM	DM	DM	DM	DM	D
		24	23	22	21	20	19	18	17	
Pocket Depth	B									
	L									
Mobility										
Furcation										
Recession										

Enter highest POCKET DEPTH score in appropriate box	<input type="checkbox"/> Any pocket depth reading from 3 to 5mm, read below	<input type="checkbox"/> Any pocket depth reading over 5mm, read below
Enter highest MOBILITY score in appropriate box	<input type="checkbox"/> Any mobility of 1, read below	<input type="checkbox"/> Any mobility of 2 or 3, read below
BLEEDING <input type="checkbox"/> When any bleeding upon probing is noted, read below	Moderate Periodontitis OPTION 1 A. Dentist or Hygienist Treatment 1. Oral Hygiene Instruction 2. Periodontal Root Planning 3. Occlusal Analysis 4. Maintenance Recall OPTION 2 B. Referral to Periodontist	Advanced Periodontitis OPTION 1 A. Referral to Periodontist OPTION 2 B. Dentist Treatment 1. Oral Hygiene Instruction 2. Periodontal Root Planning 3. Occlusal Analysis 4. Periodontal Surgery 5. Splinting 6. Maintenance Recall
INSTRUMENTS FOR TREATMENT SELECTION Locate square containing score farthest to the right and follow treatment, listed below.		
Gingivitis <input type="checkbox"/> Explanation of periodontal disease. A. Hygienist Treatment 1. Oral Hygiene Instruction 2. Prophylaxis		

