















Dental Screening Assessment Tool

For any areas considered to be “unhealthy”, a referral to a dentist is recommended.

| Category | Healthy | Unhealthy |
|-----------------------------------|--|--|
| Frequency of Dental Visits | Dental cleaning within the last year Dental exam within the last year if edentulous | No dental cleaning in the last year No dental exam in the last year if edentulous |
| Lips | Pink, smooth, moist | Swelling or lump(s), white or red ulcerated patch(s), bleeding or ulcerations at corners |
| Tongue | Pink, rough, moist | Red or white patch(s), ulceration(s), swelling, dryness |
| Gums and Tissues | Pink, stippled, moist, no bleeding | Swollen, bleeding, ulcers, white or red patches, If patient has dentures, generalized redness underneath |
| Oral Cleanliness | No food particles, no tartar on teeth or on dentures, no or limited plaque buildup | Moderate presence of food particles, tartar, and/or plaque on teeth or dentures, severe bad breath |
| Saliva | Watery and free flowing, oral tissues are moist | Thick or little to no saliva present, oral tissues parched and red, patient thinks they have a dry mouth |
| Dental Pain | No reported or identified signs of dental pain | Swelling of cheek(s) or gums, broken teeth, ulcers, reported and/or behavioral signs of pain (pulling at face, not eating, aggression towards caregivers during oral hygiene care) |

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|------------------|---|---|---|
| Lips |  |  |  |
| Tongue |  |  |  |
| Gums and tissues |  |  |  |
| Saliva |  |  |  |