

# Dental Health Check Record

歯科健康診断票

Date of check: / /

Name	Furigana		M	Date of Birth	YYYY	MM	DD (Age: )
Address	〒						

[Please circle O the items that apply, and provide necessary information in the spaces( )]

**1. How many times a day do you brush your teeth?**

a. 0 times b. 1 time c. 2 times d. 3 times or more

If you chose b, c or d above, how long do you brush each time? ( ) minute(s)

**2. Do you use dental floss or a brush for the spaces between your teeth?**

a. Every day b. Sometimes c. No

**3. Have you undergone a dental check up within the past year?**

a. Yes b. No

**4. Do you have plaque removed once a year at a dental facility?**

a. Yes b. No

**5. Have you ever smoked?**

a. I currently smoke b. I have smoked in the past c. I have never smoked

**6. Is there a dental facility that you use regularly?**

a. Yes b. No

**7. Do any of the following symptoms apply to you?**

a. Diabetes b. Angina·Coronary·Stroke  
c. Rheumatoid arthritis d. Visceral fat  
e. Pregnancy f. Other( )

**Current condition of teeth and missing teeth** (for missing teeth that do not require restorative treatment, mark with an 'x')

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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Right

Left

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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1. Number of healthy teeth (✓)	2. Number of teeth with decay needing treatment (C)	3. Number of treated teeth (O)	4. Total number of teeth (1+2+3)	5. Number of teeth requiring dentures, etc. (Δ)	6. Number of dentures, etc. (Δ)
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**Oral hygiene condition**

1. Good  
2. Normal  
3. Bad

Plaque
1. None
2. Mild (points)
3. Moderate (band-like) or greater

**Condition of gums**

17 or 16	11	26 or 27
BPO		
PD		
BPO		
PD		
47 or 46		31
		36 or 37

[ ]  
0: Healthy  
1: Bleeding present  
9: Excluded tooth  
X: No applicable tooth

[ ]  
0: Healthy  
1: Shallow pocket (4-5mm)  
2: Deep pocket (6mm or more)  
9: Excluded tooth  
X: No applicable tooth

**Other observations**

0. None 4. Other  
1. Tooth alignment·Occlusion  
2. Jaw joint  
3. Mucous membrane

Personal code (max. value) Gum bleeding

Periodontal pocket

**[Judgment]**

1 No abnormalities

2 Guidance needed

3 Detailed examination needed

CPI: Gum bleeding 0, and periodontal pocket 0. No untreated teeth, no teeth requiring prosthetic treatment, and no other notable findings.

a: CPI: Gum bleeding 1, and periodontal pocket 0  
b: Poor oral hygiene condition  
c: Presence of plaque (mild, moderate or greater)  
d: Lifestyle habits, underlying diseases, dental care usage, etc., indicate a need for guidance

a: CPI: Periodontal pocket 1  
b: CPI: Periodontal pocket 2  
c: Presence of untreated teeth  
d: Presence of teeth requiring prosthetic treatment  
e: Due to lifestyle habits or underlying diseases, more detailed examination or treatment is necessary  
f: Other findings present

**Special Remarks·Guidance**

**To inform the city**

In the case of treatment at a dental facility

1. Guidance scheduled at the dental facility where the check was performed  
2. Treatment scheduled at the dental facility where the check was performed  
3. Referred to other dental facility (Facility name: )  
4: Not decided

Amount to be paid by patient  Yes  No ( )

Medical facility code	Name of medical facility or examiner	Telephone number