Dental Health Check Record

Date of check: / /

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

[Please circle ○ 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
a. Rheumatoid arthritis b. Visceral fat
a. Pregnancy b. Other( )

Condition of Teeth (／: Healthy tooth C: Decay requiring treatment ○: Treated tooth △: Tooth needing denture, etc. ◬: Denture, etc.)

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

Right Left

Number of healthy teeth	Number of teeth with decay needing treatment	Number of treated teeth	Total number of your teeth	Number of teeth requiring dentures, etc.	Number of dentures, etc.

Oral Hygiene Condition

1. Good
2. Normal
3. Bad

Plaque
1. None
2. Mild (points)

Other Observations

0. None
1. Tooth alignment・Occlusion
2. Jaw joint
3. Mucous membrane
4. Other ( )

(Notes)

〔Judgment〕

[ ] The inside of your mouth is in a good state.
Your teeth, etc. are in a good condition. Please continue to brush your teeth carefully, and undergo regular dental checks.

[ ] You may have some periodontal disease.
- [ ] Your gums are mildly inflamed.
- [ ] Please get guidance about how to brush your teeth effectively.
- [ ] Please have your plaque removed at a dental facility.
- [ ] Periodontal disease is linked to lifestyle and other diseases. Please have a specialist explain these links to you.

[ ] You need a more detailed examination or treatment.
- [ ] A shallow periodontal pocket was detected.
- [ ] A deep periodontal pocket was detected.
- [ ] You have tooth decay.
- [ ] Nothing has been done about a tooth you lost.
- [ ] You need a more detailed amination or treatment regarding lifestyle or base diseases.
- [ ] There are other comments (please see the Other Observations section).

Special Remarks・Guidance

Amount to be paid by patient ☐ Yes ☐ No ( )

Please be aware that the results of health checks may be collected by national or local government, and used when creating future projects to promote dental and oral health.
The results of health checks are processed statistically, so individual results are not disclosed. Results will be stored securely, and will not be used for any purpose other than that stated above.

Medical facility code	Name of medical facility or examiner	Telephone number