**PATIENT:**

**AGE:**

CONSULTATION

Date of consultation:  Consultant: **A D POLONOWITA**

Referred by:

**Place of consultation:**

**MAIN COMPLAINT:**

**HISTORY**

**MEDICAL HISTORY**

|  |  |
| --- | --- |
| **Date** |  |
| **Cardiovascular** |  |
| **Respiratory** |  |
| **GI Tract** |  |
| **Smoking** |  |
| **Alcohol** |  |
| **Medications** |  |
| **Allergies** |  |
| **Other** |  |

**Pain History**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DESCRIPTION** | **HOT** | **COLD** | **SWEET** | **PRESSURE** | **SHARP** | **DULL** | **ACHING** | **SHOOTIN** | **ELECTRICAL** | **ANNOYING** | **BURNING** |
| **PAIN** | TOOTH | MOUTH | FACE | L EAR | R EAR | L HEADACHE | R HEADACHE | L TMJ | R TMJ |  |  |
| **OTHER** | RECENT TRAUMA | RECENT DENTAL TX | OTHER BODY PAIN | GI TRACT SYMPTOMS | SWELLING |  |  |  |  |  |  |
| ONSET |  |  |  |  |  |  |  |  |  |  |  |
| SITE |  |  |  |  |  |  |  |  |  |  |  |
| CHARACTER |  |  |  |  |  |  |  |  |  |  |  |
| RADIATION |  |  |  |  |  |  |  |  |  |  |  |
| ASSOCIATIONS |  |  |  |  |  |  |  |  |  |  |  |
| TIME LINE |  |  |  |  |  |  |  |  |  |  |  |
| EXACERBATING/  RELEIVING FACTORS |  |  |  |  |  |  |  |  |  |  |  |
| PAIN SEVERITY /10 |  |  |  |  |  |  |  |  |  |  |  |
| OTHER |  |  |  |  |  |  |  |  |  |  |  |

**Other relevant systemic examination**:

**Dry Mouth:**

Shortened Xerostomia Inventory (SXI); { Thomson et al 2011}=

**PHQ-9=**

**CLINICAL EXAMINATION**:

**General:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | | **PALPABLE LYMPH NODES** | **SWELLING** | | | **CRANIAL NERVE FUNCTION** | | **Mouth opening** | | **Muscle tenderness** | **Salivary gland palpation** | | **Other** |
|  | |  |  | | |  | |  | |  |  | |  |
| **DATE** | | **Obvious weight loss** | **Anaemia** | | | **Jaundice** | | **Cyanosis** | | **Oedema** | **Skin lesions** | | **Nails** |
|  |  | | |  |  | |  | |  | |  |  | |

**Intra Oral:**

**Soft tissue examination**:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **CHEEK**  **L**  **R** | | **TONGUE**  **DORSAL**  **VENTRAL** | | **TONGUE LATERAL**  **L R** | | **FLOOR OF MOUTH** | **PALATE**  **L**  **R** | | **GINGIVA**  **L R** | | **Lips** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Dental findings:**

|  |  |
| --- | --- |
| **Date** |  |
| **Dentition present** |  |
| **Occlusion** |  |
| **Bruxism** |  |
| **Dentures** |  |
| **Implants** |  |
| **Endodontics** |  |

**PAIN: Description:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | palpation | Temporalis  /10  L R | | Masseter/10  L R | | TMJ /10  L R | | Pterygoid  L R | |
|  | Extra Oral |  |  |  |  |  |  |  |  |
|  | Intra Oral | NA | NA |  |  | NA | NA |  |  |
|  | Mouth Opening |  | |  |  |  |  |  |  |
|  | Bruxism |  | |  |  |  |  |  |  |
|  | clicking | NA | NA | NA | NA |  |  | NA | NA |
|  | Other |  |  |  |  |  |  |  |  |

**SUMMARY OF EXAMINATION**

**CLINICAL PHOTOS:**

**SPECIAL INVESTIGATIONS:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | OPG | CT | MRI | BLOOD TESTS | BIOPSY | SALIVA FLOW | OTHER |
|  |  |  |  |  |  |  |  |

**SUMMARY OF FINDINGS:**

|  |  |  |
| --- | --- | --- |
| **Date** |  |  |
| **Complaint:** |  |  |
| **Pain:** |  |  |
| **Mucosal lesions:** |  |  |
| **Xerostomia index** |  |  |
| **Saliva Flow:** |  |  |
| **Imaging:** |  |  |
| **Blood tests** |  |  |
| **PHQ-9 Score** |  |  |
| **Biopsy:** |  |  |

**DIAGNOSIS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** |  | |  | |  | |
| **Pain:** | **TMD I** |  | **TMD II** |  | **TMD III** |  |
| **Pain:** | **Peripheral Neuropathy** |  | **Central Neuropathy** |  | **Mixed** |  |
| **Mucosal lesions:** | **Ulceration** |  | **Autoimmune** |  | **Dysplasia** |  |
| **Saliva Flow:** | **Hyposalivation** |  | **Dyseasthesia** |  | **Disease** |  |
| **Other:** |  | |  | |  | |

**TREATMENT PLAN :**



**MANAGEMENT:**

**Reviiew**

**Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Never**  **(0)** | **Hardly Ever (1)** | **Occasionally (2)** | **Frequently**  **(3)** | **Always**  **(4)** | **Total** |
| **My Mouth feels Dry** |  |  |  |  |  |  |
| **I have difficulty eating dry foods** |  |  |  |  |  |  |
| **My mouth feels dry when eating a meal** |  |  |  |  |  |  |
| **I have difficulty swallowing certain foods** |  |  |  |  |  |  |
| **My lips feel dry** |  |  |  |  |  |  |
| **How often does your mouth feel dry** |  |  |  |  |  |  |
| **TOTAL/20** |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Over the last two weeks, how often have you been bothered by any of the following problems? | |
| Little interest or pleasure in doing things? |  |
| Feeling down, depressed, or hopeless? |  |
| Trouble falling or staying asleep, or sleeping too much? |  |
| Feeling tired or having little energy? |  |
| Poor appetite or overeating? |  |
| Feeling bad about yourself - or that you are a failure or have let yourself or your family down? |  |
| Trouble concentrating on things, such as reading the newspaper or watching television? |  |
| Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual? |  |
| Thoughts that you would be better off dead, or of hurting yourself in some way? | Not at all  Several days  More than half the days  Nearly every day |

**Score= 0-4 ( none); 5-9 (mild); 10-14 (moderate); 15-19 (moderately Severe); 20-27 (severe)**