

# CLINICAL HISTORY

## FILIATION DATA.

- Name and Last name:
- Address (with postal code):
- Phone number:
- Email address:
- Place and date of birth:
- Parents' name:
- Parents' job:
- Number of siblings:

## ANAMNESIS.

- What happens?
- Since when?
- How does it happen?
- What do you attribute to?

## PREVIOUS MEDICAL HISTORY.

- Pregnancy and childbirth:  caesarean section  premature  normal
- Mother's diseases during pregnancy:
- Treatments the mother underwent during pregnancy:
- Type of breastfeeding:  maternal (duration in months) \_\_\_\_  artificial  mixed
- Allergic problems:
- Is the child taking any medication?:
- Has the child had surgery for any reason ?:
- Does the child have any systematic disease (e.g. asma, celiac, heart diseases....)?
  - Since when?
  - What treatment do you receive or have you received?:

## GENERAL FAMILY HISTORY AND MOUTH.

- Hereditary diseases (Sdre. Down, class III, amelogenesis imperfecta ...):
- Family history of changes in the position of the jaws (Class III, etc.)
- How often do parents go to the dentist?  
 Annually  Every two years  More than two years
- Have parents ever had cavities? (Seals, extractions)  
 Caries more than two years ago  Caries in the last year  No caries

## ORAL HISTORY.

- Has the child already gone to the dentist?:  yes  no  Generalist  Pediatric dentist
- Describe the child's behavior:
- Why dental problems took the child to the dentist?:
- child uses fluoride toothpaste ..... ppm  fluoride rinses  fluoride tablets

- Previous treatments.
- Habits:
  - How many times does the child brush his/her teeth each day?  None  One  Two  More than two
  - At what time of the day do you brush your teeth? (several options are valid)
    - After breakfast  After lunch  After dinner  Others
  - Food (fill in the diet sheet in Annex 1).
    - Breakfast place  Home  School  Bar / Restaurant  Other
    - Food place  Home  School  Bar / Restaurant  Other
    - Dinner place  House  School  Bar / Restaurant  Others
  - Do you drink bottled water?  yes  no What brand?
  - Has the child used a pacifier, bottle or bites his nails, for how long ?:

#### PSYCHOLOGICAL ASPECTS.

- Has the child suffered from psychological development disorders?:
- How would you define your child's behavior?:  normal  nervous  consented  capricious  mature  rebellious.

#### EXTRAORAL EXPLORATION.

- Functional examination: chewing, phonation and swallowing.
- Face scan:
  - Front view: symmetry, facial thirds and lip sealing.
  - Lateral view: profile and lip position.

#### INTRAORAL EXPLORATION.

- Halitosis (local or general):
- Mucosal exploration:
- Exploration of the gum:
- Exploration of the language:
- Examination of braces:
- Dental examination (changes in number, size, color, shape):
- Exploration of habits (atypical swallowing, digital suction and oral breathing):
- Orthodontic examination:
  - Anteroposterior relation (Angle class):
  - Cross relation:
  - Vertical relationship:
  - Dental anomalies:
  - Crowding:

## CARIES RISK ASSESMENT:

- Low:
- Moderate:
- High:
- Extreme:

Initial/base line exam date _____	Caries recall date _____		
	Yes	No	Notes
<b>1. Caries Risk Indicators — Parent Interview**</b>			
(a) Mother or primary caregiver has had active dental decay in the past 12 months			
(b) Child has recent dental restorations (see 5b below)			
(c) Parent and/or caregiver has low SES (socioeconomic status) and/or low health literacy			
(d) Child has developmental problems			
(e) No dental home/episodic dental care			
<b>2. Caries Risk Factors (Biological) — Parent Interview**</b>			
(a) Child has frequent (more than three times a day) between-meal snacks of sugars/cooked starch/sugared beverages			
(b) Child has saliva-reducing factors present, including: 1. Medications (e.g., some for asthma or hyperactivity) 2. Medical (cancer treatment) or genetic factors			
(c) Child continually uses bottle - contains fluids other than water			
(d) Child sleeps with a bottle or nurses on demand			
<b>3. Protective Factors (Nonbiological) — Parent Interview</b>			
(a) Mother/caregiver decay-free last three years			
(b) Child has a dental home and regular dental care			
<b>4. Protective Factors (Biological) — Parent Interview</b>			
(a) Child lives in a fluoridated community or takes fluoride supplements by slowly dissolving or as chewable tablets			
(b) Child's teeth are cleaned with fluoridated toothpaste (pea-size) daily			
(c) Mother/caregiver chews/sucks xylitol chewing gum/lozenges 2-4x daily			
<b>5. Caries Risk Indicators/Factors — Clinical Examination of Child**</b>			
(a) Obvious white spots, decalcifications, or obvious decay present on the child's teeth			
(b) Restorations placed in the last two years in/on child's teeth			
(c) Plaque is obvious on the child's teeth and/or gums bleed easily			
(d) Child has dental or orthodontic appliances present, fixed or removable: e.g., braces, space maintainers, obturators			
(e) Risk Factor: Visually inadequate saliva flow - dry mouth			

# ICDAS REGISTRATION

Initial/base line exam date \_\_\_\_\_ Caries recall date \_\_\_\_\_

Age \_\_\_\_\_

UPPER RIGHT									UPPER LEFT								
				55	54	53	52	51	61	62	63	64	65				
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
M																	M
O																	O
D																	D
B																	B
L																	L

LOW RIGHT									LOW LEFT								
				85	84	83	82	81	71	72	73	74	75				
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37		
M																	M
O																	O
D																	D
B																	B
L																	L

## SALIVA COLLECTION

1. Collect approximately 3.5 mL of saliva	YES NO
2. Time sampling	___ h ___ min
3. How long does it take to collect the sample?	_____ min
4. Report presence of any disease or injury in the mouth.	YES Specify: _____ NO
5. Brushed his/her teeth before coming	YES Specify: _____ NO
6. Has eaten or drank anything?	YES Specify: _____ NO

## PLAQUE INDEX

1. TRIPLAQUE measurement	YES NO
2. Photos	YES NO

1. Paste check	YES NO
2. Toothbrushing check	YES NO

