

COMPREHENSIVE PERIODONTAL EVALUATION CHECKLIST

Patient Name: _____

Clinician: _____

Date of Evaluation: ____/____/____

Instructions:

- Review each of the six elements listed below
- Mark your initial by each "Specific Consideration"
- Refer to other patient information, radiographs etc. in the "Notes" section

1. TEETH, DENTAL IMPLANTS AND SUBGINGIVAL AREA

Initials	Specific Considerations	Notes
	pocket depths	
	width of keratinized tissue	
	gingival recession	
	attachment level	
	bleeding on probing	
	furcation status	
	presence of inflammation	

2. PLAQUE/BIOFILM

Initials	Specific Considerations	Notes
	presence, degree, and/or distribution of plaque/biofilm	
	presence, degree, and/or distribution of calculus	

3. DENTITION

Initials	Specific Considerations	Notes
	caries	
	proximal contact relationships	
	endodontic/periodontal lesions	
	status of dental restorations and prosthetic appliances	
	other tooth or implant related problems	

4. OCCLUSION

Initials	Specific Considerations (but not be limited to)	Notes
	degree of mobility of teeth and dental implants	
	occlusal patterns	
	fremitus	

5. DIAGNOSTIC QUALITY RADIOGRAPHS

Initials	Specific Considerations	Notes
	quality/quantity of bone	
	bone loss patterns	

6. DISCUSSION OF PATIENT RISK FACTORS

Initials	Specific Considerations	Notes
	age	
	diabetes	
	smoking	
	cardiovascular disease	
	other	