Mission Statement

The mission of WREB is to develop and administer competency assessments for State agencies that license dental professionals.
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COMPREHENSIVE TREATMENT PLANNING

Examination Overview

The Comprehensive Treatment Planning (CTP) examination is a computer-based examination administered at Prometric test centers. The exam consists of three (3) patient cases of varying complexity, one of which is a pediatric patient. For each case, Candidates assess patient history, photographs, radiographs, and clinical information in order to create and submit a treatment plan. Candidates are required to answer questions with constructed responses and perform tasks related to each case such as constructing appropriate pharmacy prescriptions and case specific dental laboratory work authorizations, when required. Candidates are allowed three (3) hours to complete the CTP exam. A 15-minute tutorial is provided prior to the beginning of the examination. Candidate scoring is completed by calibrated examiners utilizing published scoring criteria rating scales.

Communication at any time with other individuals regarding the contents of the CTP examination is considered unethical conduct. If a Candidate engages in Improper Performance or Unethical Conduct, in addition to dismissal from the exam, failure of the exam, or reduction in an exam score, WREB reserves the right to take any other reasonable action WREB deems appropriate, including, but not limited to reporting the Candidate to: (i) the various state licensing boards, (ii) the Candidate’s dental school, (iii) other dental or dental hygiene testing organizations or (iv) other professional organizations.

For each patient case, the following will be provided:

- Personal Profile that provides a brief overview of the patient
- Patient Information form
- Medical History form
- Dental Chart indicating existing restorations
- Periodontal Chart, for adult patients, highlighting key periodontal findings
- Photographs showing intraoral and extraoral images of the patient
- Intra and/or extraoral radiographs
- Clinical findings, located at the bottom of the medical history form, indicating conditions that may not be clearly demonstrated in the images but would be found during a patient examination

Also provided:

- The CTP Candidate Guide
- Space for recording the Candidate’s Treatment Plan submission
- Space for recording the Candidate’s answers to specific case questions
Test Content

The CTP examination is designed to integrate the various disciplines of dentistry as done in actual practice. The following list indicates the major areas of dentistry that are tested on the exam:

- **Restorative Treatment**
  - Single Units/Operative
  - Multiple Units
    - Fixed Prosthodontics
      - Interim Restorations
    - Removable Prosthodontics
      - Partial Dentures
      - Complete Dentures
      - Implant-Supported Restorations
- **Periodontal Treatment**
  - Phase I (Non-Surgical) Therapy
  - Re-evaluation
  - Surgery/referral
  - Maintenance
- **Endodontic Treatment**
- **Surgery**
  - Exodontia
  - Pre-prosthodontic
  - Periodontal
  - Implant Placement
- **Prescription Writing**
  - Pharmacy
  - Dental Laboratory
- **Follow-up/Prognosis/Maintenance**

Diagnosis, Etiology and Treatment Planning are integrated throughout the exam and overlap the test specifications listed above. Also included are principles of pediatric dentistry, orthodontics, pharmacology, and specialist referrals when appropriate.

Treatment Plans

The Candidate is required to develop a complete treatment plan for each assigned patient case. The treatment plan can be edited or modified until final submission. After final submission the treatment plan will be available for review only; no further changes can be made. Following submission of the treatment plan, additional questions or tasks related to the treatment of the patient become accessible. The treatment plan submitted by the candidate will be available for review while navigating through these additional items, but cannot be modified.
The treatment plan must:

- Appropriately address the patient’s chief complaint or concern.
- Include appropriate treatment modifications if there are medical conditions that may affect the delivery of dental care. If medications are required, the plan must include drug, dose, directions for use, and number of refills.
- Recommend additional diagnostic tests or specialist referrals as part of the treatment plan, if indicated. If referring to a specialist, a diagnosis and proposed treatment must be indicated.
- Contain a comprehensive and appropriately sequenced list of procedures that address the patient’s dental needs.
- Be succinct, organized, and readily interpreted.

Candidates are to consider only what they can actually see in the diagnostic records and what they are given as clinical findings. However, Candidates are responsible for identifying and recommending appropriate treatment or management for all oral diseases and conditions that are present. Pit and fissure occlusal, lingual, buccal or facial restorations are not to be included unless there is an obvious cavitation on the photographs and/or radiolucency on the radiographs, or tactile evidence of caries is noted in the “Clinical Findings” section of the patient record. See Definitions, Pages 4-6. Interproximal carious lesions must reach the dentino-enamel junction radiographically in order to justify restoration.

Candidates must appropriately recommend treatment for caries, fractures, missing teeth, defective or failing restorations, infection, and/or other pathology. Candidates are not required to specify the material but must specify whether the restoration will be a direct or an indirect restoration. Bases, build-ups, pins, and posts need not be specified in the treatment plan. Guidelines for periodontal therapy are provided on Page 5.

Oral Hygiene Instructions do not need to be listed on the treatment plan. It is assumed that oral hygiene instruction will be provided for every patient. Topical fluoride application is not included in the definition of dental prophylaxis. Therefore, if indicated, fluoride should be listed separately.

Costs of dental treatment are not to be considered when developing the treatment plan. All patients are considered to be cooperative and compliant unless otherwise noted.

**Supplemental Questions and Tasks**

Following submission of the treatment plan, additional questions or tasks related to the case are presented. The first case will have four to five items, the second will have seven to eight, and the third will have four to five. Time should be managed accordingly. Candidates can navigate through and complete the items in any order. It is not necessary to answer questions in full sentences. Responses should be clear, succinct, and easily understood by an Examiner.

The response you write for the questions will be scored based on everything that is written. If more information than required is given, all information will be considered in scoring.

There may be more than one acceptable treatment plan; questions should be answered as asked.
Scoring

Three Examiners grade each Candidate’s submission independently. Each treatment plan is evaluated on the five criteria listed below:

1. Treatment modifications.
2. Is the treatment plan inclusive?
3. Does the treatment plan exhibit overtreatment?
4. Is the treatment sequence appropriate?
5. Is the treatment plan concise, well organized, and easily interpreted?

For each parameter, the Examiner compares the Candidate’s submission to a WREB-developed answer key and uses a five (5) point scale to assign a score. Candidates’ responses to additional items are scored in a similar manner. (Scoring Criteria is listed on Pages 8-9.)

The median (middle) score of the three Examiners for each of the five categories (listed above) of the treatment plan and each of the questions/tasks are added and averaged to obtain the overall score. Each category of the treatment plan and each question are of equal value. An average score of 3.00 or higher is required for passing.

It is important to submit a response for every question or task; unanswered items receive a score of 1. Responses should be checked for accuracy. Examiners will score exactly what is written.

Equating procedures are used to address variation in difficulty among the various cases and forms of the examination. Equating ensures that candidates of comparable competency are equally likely to pass the examination.

Critical Errors

There are certain critical errors that result in failure of this exam regardless of the average accumulated score. Critical errors are those likely to cause life-threatening harm or severe morbidity that requires hospitalization.

Critical errors require validation by two Examiners independently, as well as agreement by the Lead Examiner.

Definitions and Documentation Instructions

Caries: Caries has definite resistance to the perpendicular withdrawal of the explorer and may have a dry leathery appearance.

Dental prophylaxis (prophy) means removal of plaque, calculus and stain, to control local irritational factors and frequently involves scaling of coronal and subgingival surfaces of the teeth.

Application of fluoride is not included in the definition of dental prophylaxis. It must be listed separately, if indicated.
Periodontal treatment should be stated by quadrant, including number of teeth. Examples of this are:

- **Prophylaxis**
  - S/RP 4 quads of 4 or more teeth
  - S/RP 4 quads of 1-3 teeth
  - Prophylaxis, S/RP: UR and LL 1-3 teeth
  - Prophylaxis, S/RP: UL 4 or more teeth

A decision to treat should be based on clinical attachment loss (CAL), periodontal pocket depth (PD), and evidence of inflammation (bleeding on probing). Teeth having CAL with pocket depths $\geq 5$ mm or $\geq 4$ mm with BOP require SRP.

**Pocket Depth (PD) Measurements** are provided for the six sites shown below:

![Pocket Depth Measurements](image)

**Bleeding on Probing (BOP)** will be designated on the chart by a red dot indicating sites which bleed within 30 seconds of probing.

**Furcation Involvement** will be noted where present and classified as:

- **Class 1 ($\backslash$)**
  Incipient involvement: tissue destruction extends 1.0 mm but not more than 2.0 mm measured horizontally from the most coronal aspect of the furcation.

- **Class 2 ($\Delta$)**
  Cul-de-sac involvement: tissue destruction extends deeper than 2.0 mm, measured horizontally from the most coronal aspect of the furcation, but does not totally pass through the furcation.

- **Class 3 ($\uparrow$)**
  Through-and-through involvement: tissue destruction extends through the entire furcation. A blunt instrument passed between the roots can emerge on the other side of the tooth.

**Mobility** will be noted where present and classified as follows:

- **Class 1**
  Total facial-lingual tooth movement of less than 1.0 mm.

- **Class 2**
  Total facial-lingual tooth movement from 1.0-2.0 mm, without movement in a vertical direction.

- **Class 3**
  Total facial-lingual tooth movement of more than 2.0 mm, and/or movement in a vertical direction (i.e., depressible).
Clinical Attachment Level (CAL) is the distance from the cemento-enamel junction (CEJ) to the base of the sulcus/pocket. In health, the base of the sulcus is at or very near the CEJ, i.e. CAL = 0.

Periodontal Prognosis – is the forecast of the likely response to treatment and the long-term outlook for maintaining a healthy and functional dentition.

**Good prognosis** – involves one or more of the following: health or slight CAL, adequate periodontal support, no mobility, no furcation involvement, and control of etiological factors to assure the tooth would be relatively easy to maintain, assuming full Patient compliance.

**Fair prognosis** – involves one or more of the following: CAL to the point that the tooth could not be considered to have a good prognosis, which would include slight or moderate CAL, and/or Class 1 mobility or furcation involvement. The location and depth of the furcation would allow proper maintenance with full Patient compliance.

**Poor prognosis** – involves one or more of the following: severe CAL resulting in a poor crown to root ratio, poor root form, Class 2 furcations not easily accessible to maintenance, or Class 3 furcations, Class 2 or 3 mobility, significant root proximity.

**Hopeless prognosis** – involves one or more of the factors listed in questionable prognosis with inadequate attachment to maintain the tooth in health, comfort and function. Extraction is suggested, as active periodontal therapy (non-surgical or surgical) is unlikely to improve the current status of the tooth.
Suggested Abbreviations

Use of the appended abbreviations is encouraged. These abbreviations are understood by Examiners and will facilitate Examiner interpretation of the treatment plan.

Abbreviations and acronyms other than those listed may not be understood by Examiners, resulting in a possible score reduction.

UL - Upper left  UR - Upper right
LL - Lower left   LR - Lower right

Restorative Designation

<table>
<thead>
<tr>
<th>Surface/Area</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>O – Occlusal</td>
<td>Direct/indirect</td>
</tr>
<tr>
<td>M – Mesial</td>
<td>Crown</td>
</tr>
<tr>
<td>D – Distal</td>
<td>Inlay/onlay</td>
</tr>
<tr>
<td>L – Lingual</td>
<td>Implant</td>
</tr>
<tr>
<td>F – Facial</td>
<td>Bridge/FPD (specify teeth)</td>
</tr>
<tr>
<td>I – Incisal</td>
<td>Pontic</td>
</tr>
</tbody>
</table>

Other Abbreviations

Apico – Apicoectomy
CR – Crown
EXT – Extraction
Prophy – Dental prophylaxis
RCT – Root canal therapy
Re-eval – Reassessment or re-evaluation after completion of a treatment phase
RPD – Removable partial denture (specify teeth replaced and rests)
S/RP – Scale & root plane
SSC – Stainless steel crown

Charting

WREB recognizes the American System of tooth identification. Tooth numbers are recorded clockwise from the posterior of the upper right quadrant to the posterior of the lower right quadrant: 1-32 for permanent teeth; A-T for primary teeth.
<table>
<thead>
<tr>
<th>CTP GLOBAL SCORING CRITERIA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Treatment Modification</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>All needed modifications are appropriately noted (medication, referral, etc.). Specific medication and dosage is required.</td>
<td>Not all modifications are optimal, but appropriate.</td>
<td>Not all modifications are noted, but the patient’s health is not compromised. Modifications are noted at the minimally acceptable level.</td>
<td>Not all modifications are noted, and or the modifications are incorrect or incomplete. The patient’s health may be compromised.</td>
<td>Modifications are ignored or incorrect and the patient’s health is compromised.</td>
<td>Severe morbidity requiring hospitalization.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the Treatment plan Inclusive?</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>All items that must be addressed are addressed. Chief complaint correctly addressed.</td>
<td>Most items that need to be addressed are addressed. Those that may be missing have little or no impact on the well-being of the patient. Chief complaint correctly addressed.</td>
<td>Missing items (one or more) do not pose a short term threat. Missing items (one or more) might affect patient well-being if the next regular periodic exam is missed. Chief complaint not fully addressed.</td>
<td>Important items (one or more) are missing. If not corrected, patient well-being is at risk in the near term. Chief complaint wrongly addressed.</td>
<td>Critical items (one or more) are missing. Patient well-being is currently at risk. Chief complaint not addressed.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Treatment plan exhibit overtreatment?</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only those item(s) that must be addressed are addressed.</td>
<td>There are some (one or more) items that do not need to be addressed, but do not pose a risk to the patient.</td>
<td>There are some (one or more) items for which justification is questionable, but that pose little risk to the patient.</td>
<td>There are some (one or more) items that are not justified; if performed, they would result in limited physical damage to the patient.</td>
<td>There are multiple items that are not justified; if performed they would damage the patient.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the Treatment sequence appropriate?</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>The sequence is optimal.</td>
<td>The sequence is not optimal but will accomplish treatment goals.</td>
<td>The sequence is not correct, but can be corrected as treatment progresses. Rationale for the proposed sequence is unclear.</td>
<td>The sequence has definite flaws that are likely to result in backtracking and additional treatment.</td>
<td>The sequence has serious flaws and will not accomplish treatment goals.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the Treatment plan concise, well organized and easily interpreted?</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>The treatment plan is concise, well organized, and easily interpreted.</td>
<td>The treatment plan, as presented, may be confusing, but can be interpreted.</td>
<td>The interpretation of the plan cannot be determined.</td>
<td>The interpretation of the plan cannot be determined.</td>
<td>The interpretation of the plan cannot be determined.</td>
<td>The interpretation of the plan cannot be determined.</td>
</tr>
</tbody>
</table>
# CTP CONSTRUCTED-RESPONSE SCORING CRITERIA

<table>
<thead>
<tr>
<th>Optimal</th>
<th>Appropriate</th>
<th>Acceptable</th>
<th>Inadequate</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>All essential elements are addressed and/or no errors are present. Response reflects optimal planning, rationales, and/or procedures.</td>
<td>Most essential elements are addressed and/or minor errors are present. Response is not optimal, but reflects an appropriate level of planning, rationales, and/or procedures.</td>
<td>Response is missing more than one essential element or contains moderate errors, but reflects planning, rationales, and/or procedures that are not likely to put the patient at risk.</td>
<td>Response is missing several essential elements or contains significant errors. Response reflects planning, rationales, and/or procedures that are likely to put the patient at risk.</td>
<td>Response is absent, missing most or all essential elements, or is mostly in error. Response reflects planning, rationales, and/or procedures that will harm the patient.</td>
</tr>
</tbody>
</table>
References

The complete guidelines for antibiotic coverage in patients having some form of cardiac disease or repair. (2008). The Journal of the American Dental Association 139(1), Special Supplement: 3S-24S.


AAPD for both anesthetic and antibiotic pediatric dosages.
Sample Treatment Plan Formatting

SAMPLE 1 TREATMENT PLAN

NOTE: The following sample treatment plan does not relate to any specific case.

**Treatment Modifications:**
Antibiotic Prophylaxis (Amox. 2g. 1hr prior to procedure), avoid latex

**Sequenced Treatment Plan:**

#1 EXT (addressing the patient’s chief complaint)
Prophylaxis LR
S/RP: UR and LL 1-3 teeth
S/RP: UL 4 or more teeth

#14 RCT (retreatment)
#19 RCT
#20 DO Direct
#3 MO Direct
#4 MOD Indirect
#27 F Direct
#30 MODF Direct

#12-14 bridge

#18 crown
#19 crown

#29 EXT Refer for implant placement
#32 EXT Refer to oral surgeon
#29 implant and crown
SAMPLE 2 TREATMENT PLAN

NOTE: The following sample treatment plan does not relate to any specific case.

Treatment Modifications:
Avoid Penicillin, Consultation with oncologist re: timing of treatment

Sequenced Treatment Plan:
Prophy
#9 cosmetic contouring (in lieu of restoration) (addressing the patient’s chief complaint)

#2 MO Direct
#6 DL Direct

#14 OL Direct
#15 O Direct

#31 O Direct
EXT #'s 1, 16, 17, 32

Refer for orthodontic consultation regarding malocclusion
SAMPLE 3 TREATMENT PLAN

NOTE: The following sample treatment plan does not relate to any specific case.

<table>
<thead>
<tr>
<th>Treatment Modifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sequenced Treatment Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophy and Fluoride</td>
</tr>
<tr>
<td>#T MO Direct, band and loop space maintainer</td>
</tr>
<tr>
<td>#S Extract</td>
</tr>
<tr>
<td>#A MO Direct</td>
</tr>
<tr>
<td>#B SSC and pulpotomy</td>
</tr>
<tr>
<td>#C, F Direct</td>
</tr>
<tr>
<td>#I SSC and pulpotomy</td>
</tr>
<tr>
<td>#J MO Direct</td>
</tr>
<tr>
<td>#K MO Direct</td>
</tr>
<tr>
<td>#L DO Direct</td>
</tr>
</tbody>
</table>

Refer to orthodontist/pediatric dentist for evaluation of posterior cross-bite
Sample Questions with Answers

Note: The following sample questions with answers scored a “5”, do not relate to any specific case.

Answers to the sample questions are noted in red.

1. You estimate this patient will require 3-4 dental appointments. Write the prescription for prophylactic antibiotic coverage for the patient.

   ![Prescription Image]

   **Amoxicillin 500 mg**
   **10 capsules**
   **Take 4 capsules one hour prior to appointment**

2. List the reasons for an indirect full coverage restoration on tooth #19.
   - Fractured porcelain on the mesial, open contact, and food impaction
   - Large root canal access opening through the current crown
   - Recurrent caries (facial margin)

3. What risk factors may have contributed to the periodontal disease evident in this patient?
   - Smoking
   - Diabetes
   - Poor oral hygiene
   - Irregular professional dental care

4. List the reasons and provide the benefits to the patient for your proposed treatment and replacement for tooth #12.

   **Reason (for removal):**
   - Possible root perforation
   - Draining fistula
   - Periodontal defect
   - Poor long-term prognosis

   **Benefits (of implant placement):**
   - Conserves adjacent teeth
   - Preserves bone
   - Good long-term prognosis
Taking the Exam at Prometric

After you have registered for the WREB exam and your application has been processed, scheduling information for your Comprehensive Treatment Planning (CTP) Exam will be included in your CTP eligibility letter. Please review this information carefully. Failure to schedule within your assigned window or meet Prometric’s appointment requirements will result in additional fees.

For testing center locations, payment information, identification requirements, please visit Prometric’s website at prometric.com/en-us/clients/wreb/Pages/landing.aspx.

Guide to Interactive Features of the Exam

This is an interactive computer-based examination. Access to information on the computer is needed to develop a treatment plan. The following information provides an overview of the functions available. A tutorial available online (www.wreb.org) shows how each function works. Review it carefully. An interactive tutorial at the beginning of the exam provides the opportunity to practice using the functions before the actual timed exam begins.

Folders are displayed along the left of the viewing screen. These folders contain information needed to develop the treatment plan. Candidates must determine the information needed, access the information, and appropriately interpret it. To do this efficiently requires navigation between folders. Some time practicing with the tutorial prior to the examination will ensure that you can do this easily and comfortably.

Some windows contain more information than can be viewed on the screen. To see all information, hold and drag the mouse button on the scroll bar on the right of the screen.
After accessing the Charts and Images Folder, select the desired chart or image by clicking on the options at the top of the screen.

To expedite navigation, be familiar with the sextant views which show the periodontal chart, photographs and radiographs simultaneously.

Choose and click on the desired sextant in the bar in upper right.
The appropriate sextant view will appear showing the periodontal chart, photographs and radiographs for that sextant. To return to full-screen mode, click anywhere on the image.

To record your treatment plan, click on “Treatment Plan” on the left of the screen.
There are two sections to the plan. Treatment modifications are recorded in the first box.

The sequenced treatment plan is recorded in the second box. Use the right scroll button to scroll down for additional lines.

To return to the case information, select the “View Information” button in the lower right. This will return to the last screen opened.

After completing the treatment plan, select the “Next” button. This will take you to the questions for the case. Once you select “Next” you will be locked out of the treatment plan, so be sure you are ready to move on. Your treatment plan will be available for reference, but you will not be able to make any changes. All of the case information will still be available.

Each question will appear at both the top and the bottom of the screen. Write your answer in the box as shown. To return to the case files, select “View Information”. Selecting the “Question” folder will return you to the question box. If you wish to refer to your treatment plan, do so by selecting “Show Treatment Plan”. Selecting “Next” will open the next question.
You may select the “Mark for Review” box in the upper right corner of the screen to flag items to which you would like to return before exiting the exam. After the last question for the case, a Review Screen allows you to review any of the items. It will indicate items that you flagged for review.

After you have completed the Review Screen, select the “End Review” button. This will open the next case and you will no longer have access to the first case. Complete the second and third cases as you did the first.
### Patient Information

**Patient Name:**

**Demographics**

- **Age:**
- **Sex (gender):**
- **Marital Status:**
- **Ethnicity:**
  - Caucasian
  - African-American
  - Hispanic
  - Asian
  - Native American
  - Other
- **Primary Language Spoken:**

**Personal History**

- **Occupation:**
- **Do you use:**
  - Tobacco
  - Alcohol
  - Caffeine
  - Recreational drugs
- **If yes, frequency:**
- **If "sugared" drinks/day (juice, soft drinks, etc.):**
- **If "diet" drinks/day:**
- **Other refined carbohydrates/day:**

**Family History**

- **Any history of immediate family with heart disease, lung disease, diabetes, etc.:**
- **If yes, what family member:**
- **Age and health of:**
  - Mother
  - Father
  - If deceased, cause:
  - Mother
  - Father
  - If deceased, cause:
- **Does either parent have dentures?**
  - Yes
  - No
  - Mother
  - Father

**Dental Concerns - Reason for Visit**

- **Are you in pain?**
- **If so, where?:**
- **# of months since last visit:**
- **What procedure was done:**
- **Other:**

**Past Dental Treatment**

- **Fillings**
- **Crowns**
- **Extraction(s)**
- **Dentures**
- **Root Canal(s)**
- **Braces**
- **Implant(s)**
- **Other:**

**Current Oral Hygiene Practices (frequency and type)**

- **Frequency of brushing:**
- **Type of toothbrush and toothpaste:**
- **Frequency of flossing:**
- **Mouth rinse:**
- **Frequency of cleaning/check-ups:**
- **Other:**

### Patient Medical History

**Patient Name:**

**Height:**

**Weight:**

**Blood Pressure:**

**Repeat BP:**

- **Do you have or have you ever experienced any of the following conditions?**
  - **Rheumatic Fever**
  - **Heart Condition**
  - **Heart Murmur**
  - **Heart Surgery**
  - **Valve Replacement**
  - **Pacemaker**
  - **Stroke**
  - **High Blood Pressure**
  - **Tuberculosis**
  - **Bleeding Disorder**
  - **Diabetes**
  - **Cancer**
  - **HIV/Positive**
  - **Ulcers/Colitis**
  - **Sexually Transmitted Disease**
  - **Psychiatric Care**

- **Are you taking any medication, pills or drugs, prescribed or not?**
  
- **Are you allergic to any medicines, drugs, latex or other things?**
  - If yes, please list:

- **Are you under the care of a physician at the present time or have you been treated by a physician in the past six months?**
  - If yes, for what condition:

- **Have you ever received intravenous bisphosphonates for bone cancer or severe osteoporosis?**

- **Are you under the care of a physician at the present time or have you been treated by a physician in the past six months?**
  - If yes, for what condition:

- **Do you have any disease, condition or problem not listed above that we should know about?**
  - If yes, please list:

- **Women only, are you pregnant?**
  - If yes, expected due date:

- **Have you ever received intravenous bisphosphonates for bone cancer or severe osteoporosis?**

- **Women only, are you pregnant?**
  - If yes, expected due date:

**Clinical Findings:**
Pediatric Patient Information

Child’s Name: ____________________________

Demographics

Age: ______ Sex (Gender): [□] Male [□] Female
Ethnicity: [□] Caucasian [□] African American [□] Hispanic [□] Native American [□] Other
Primary Language Spoken: ____________________________

Personal and Family History

Any immediate family history of heart disease, lung disease, diabetes, etc? [□] Yes [□] No
If yes, which family member? ____________________________
Age and Health of: Mother: ____________________________
Father: ____________________________
Does either parent have dentures? [□] Mother [□] Father [□] Neither
# of “sugared” drinks/day (juice, soft, drinks, etc.): ______________
# of “diet” drinks/day: ______________
Type of “snacks” and # per day: ____________________________

Dental History

What is the reason for your visit today? [□] Cleaning/Examination [□] Pain [□] Lost Filling [□] Loose Tooth [□] Orthodontic Concerns [□] Other
If your child is in pain, where is the pain present and how long has it been present? ____________________________
When was your child’s last dental visit? ____________________________
What was done? ____________________________
What oral habits did or does your child have? [□] Thumb Sucking [□] Finger Sucking [□] Pacifier Use

Oral Hygiene Practice

Frequency of brushing: ______________ Frequency of flossing: ______________
Does your child use a mouth rinse? [□] Yes [□] No
Do you help with your child’s homecare? [□] Yes [□] No

Pediatric Medical History

Child’s Height: ______________ Child’s Weight: ______________
Child’s Blood Pressure: ______________/_____________ Pulse: ______________ Respiration: ______________
Is your child in generally good health? [□] Yes [□] No

Does your child have or had any of the following:

- [□] Allergy/Hay Fever
- [□] Asthma/Lung/Respiratory Conditions
- [□] Rheumatic Fever
- [□] Eye Problems
- [□] Heart Conditions
- [□] Heart Murmur
- [□] Heart Surgery
- [□] High Blood Pressure
- [□] Thyroid Problems
- [□] Tuberculosis

Is your child taking any medications, prescribed or not?
If yes, list the medication and reason for use: ____________________________

Has your child experienced any unfavorable reactions to any medications, drugs, latex, or other materials? [□] Yes [□] No
If yes, please list: ____________________________

Does your child have any known physical or mental conditions? [□] Yes [□] No
If yes, please list: ____________________________

Is your child under the care of a physician presently or has your child been treated by a physician in the last 6 months? [□] Yes [□] No
If yes, please list: ____________________________

Does your child have any learning, speech, or hearing disorder that may affect your child’s dental treatment? [□] Yes [□] No
If yes, please list: ____________________________

Does your child have any disease, condition or problem not listed above that we should know about? [□] Yes [□] No
If yes, please list: ____________________________

Clinical Findings:
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