

DENTAL RECORD CARD

IDENTIFICATION NO. _____

AGE _____ SEX **F** **M**

PROFESSION: _____

1. GENERAL MEDICAL HISTORY.

Diagnosis (underlying pathology): _____

Date of HCT: _____

Date of dental examination: _____

Graft type:

1. alloHCT ☐
2. autoHCT ☐

Type of conditioning therapy before HCT

1. Radiotherapy (TBI) ☐ 2. Chemotherapy ☐

Comorbidities:

GvHD disease (type):

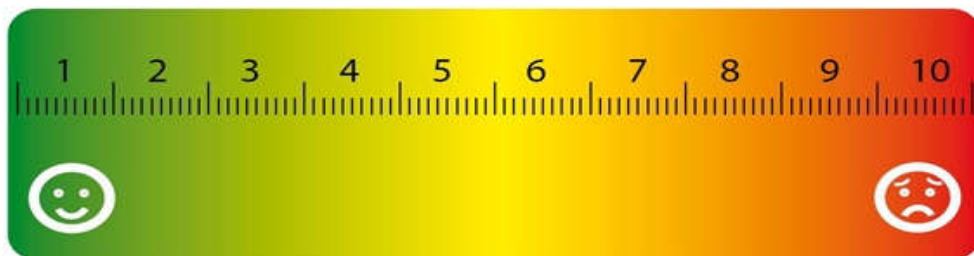
Medications currently being taken:

2. DENTAL SELF-REPORT.

Pain conditions

Severity of pain (verbal scale) ☐ no pain ☐ mild ☐ moderate ☐ severe

VAS scale:



Which teeth are affected? _____

What other parts of the oral cavity/throat are affected?

☐ lips ☐ cheeks ☐ palate ☐ gums ☐ tongue ☐ throat

What regions of the face are affected?

☐ lips ☐ cheeks ☐ nose ☐ forehead ☐ chin ☐ eye ☐ other

How long does the pain last? _____

What causes the pain? ☐ cold ☐ heat ☐ sweet ☐ sour ☐ touch

What relieves the pain? ☐ cold ☐ heat ☐ touch ☐ other

Pain description:

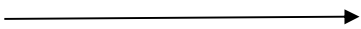
☐ dull ☐ sharp ☐ throbbing ☐ spontaneous ☐ intermittent ☐ constant ☐ other

Problems with eating cold food	<input type="checkbox"/> no	<input type="checkbox"/> yes
The need for cutting fruits	<input type="checkbox"/> no	<input type="checkbox"/> yes
Careful when breathing	<input type="checkbox"/> no	<input type="checkbox"/> yes
Avoiding some teeth when eating	<input type="checkbox"/> no	<input type="checkbox"/> yes
Avoiding some teeth when brushing	<input type="checkbox"/> no	<input type="checkbox"/> yes

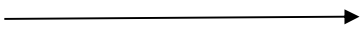
Type of pain

- Pain indicative of **dentin hypersensitivity** ☐ no ☐ yes
- Pain indicative of **pulpitis** ☐ no ☐ yes
- Pain indicative of **periodontal disease** ☐ no ☐ yes
- Pain indicative **neuropathic origin** ☐ no ☐ yes
- Other ☐ no ☐ yes

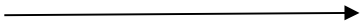
Dry mouth

A sensation of dry mouth 0 (none)  10 (maximum severity)

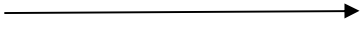
How long has the patient been complaining of the condition? _____

Difficulty in swallowing 0 (none)  10 (maximum severity)

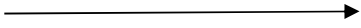
How long has the patient been complaining of the condition? _____

Difficulty in speaking 0 (none)  10 (maximum severity)

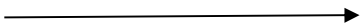
How long has the patient been complaining of the condition? _____

A frequent need to drink 0 (none)  10 (maximum severity)

How long has the patient been complaining of the condition? _____


Dry mouth at night 0 (none)  10 (maximum severity)

How long has the patient been complaining of the condition? _____

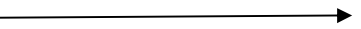
Dysgeusia 0 (none)  10 (maximum severity)

How long has the patient been complaining of the condition? _____

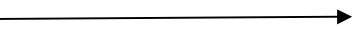
Kind of dysgeusia: ☐ ageusia ☐ everything seems sweet ☐ sour ☐ bitter ☐ metallic

A burning mouth sensation 0 (none)  10 (maximum severity)

How long has the patient been complaining of the condition? _____

A change in voice tone 0 (none)  10 (maximum severity)

How long has the patient been complaining of the condition? _____

Halitosis 0 (none)  10 (maximum severity)

How long has the patient been complaining of the condition? _____

Recurrent angular cheilitis 0 (none) _____ → 10 (maximum severity)

How often does the patient complain of the condition? _____

Recurrent oral candidiasis 0 (none) _____ → 10 (maximum severity)

How often does the patient complain of the condition? _____

Gum/periodontal disease

Bleeding when brushing teeth/flossing ☐ no ☐ yes

Retention of food in the interdental spaces ☐ no ☐ yes

Tooth mobility ☐ no ☐ yes

Gum recessions ☐ no ☐ yes

Oral hygiene and preventative care

Number of meals per day _____

Most frequently consumed beverage _____

How many times does the patient brush the teeth a day? _____

Kind of toothbrush: ☐ manual ☐ electric ☐ sonic
 ☐ ultra - soft ☐ soft ☐ medium ☐ hard

Type of toothpaste used ☐ with fluoride ☐ without fluoride ☐ high fluoride concentration
 ☐ smoker's ☐ teeth-whitening ☐ sensitivity
 ☐ herbal ☐ children's ☐ tartar-control

Other methods of oral care ☐ dental floss ☐ dental picks/sticks ☐ oral irrigator
 ☐ tongue scrapers ☐ other _____

Methods and measures for combatting dry mouth ☐ mouthwash _____
 ☐ oral gel _____
 ☐ moisturising spray _____
 ☐ artificial saliva _____
 ☐ chewing gum _____
 ☐ sweets _____
 ☐ other _____

Frequency of dental visits (a year) _____

Stimulants and habits

Coffee ☐ no ☐ yes

How often a day? _____

Strong tea ☐ no ☐ yes

How often a day? _____

Tobacco ☐ no ☐ yes

How often a day? _____

Alcohol ☐ no ☐ yes

How often? ☐ every day ☐ occasionally

Drugs ☐ no ☐ yes

How often? ☐ every day ☐ occasionally

Does the patient have any oral habits e.g. biting ice, biting nails, using teeth to hold objects? ☐ no ☐ yes

Does the patient grit their teeth during the day or cause them pain? ☐ no ☐ yes

Has the patient been diagnosed with bruxism? ☐ no ☐ yes

Prosthetic restorations/orthodontic treatment**Removable dentures:**

☐ upper ☐ partial ☐ complete

☐ lower ☐ partial ☐ complete

☐ acrylic tissue-supported dentures

☐ dentures with cast metal frameworks

☐ dentures with cast metal frameworks and (semi)precision attachments

☐ other

Worn since _____

Does the patient remove dentures at night ☐ no ☐ yes

How does the patient clean the dentures? ☐ water ☐ soap ☐ toothpaste ☐ special cleaners

Orthodontic/occlusal appliances:

☐ upper ☐ fixed ☐ removable

☐ lower ☐ fixed ☐ removable

☐ splints

☐ other _____

Worn since _____

3. CLINICAL ORAL EXAMINATION.

Extraoral examination

Limited mouth opening ☐ no ☐ yes (mm) _____
Pain when opening ☐ no ☐ yes
Cracks on lips ☐ no ☐ yes
Angular stomatitis ☐ no ☐ yes
Other symptoms _____

Intraoral examination

Oral mucosa changes:

☐ reticular pattern ☐ papular changes ☐ hypertrophic lesions
☐ erythematous spots ☐ white spots ecchymosis ☐ erosions and/or ulcers
☐ epithelial exfoliation ☐ mucocele ☐ other cysts
☐ scars
☐ other changes _____

Location _____

Oral mucosa hydration:

☐ 1° - correct hydration
☐ 2° - moderate dehydration
☐ 3° - severe dehydration

Tongue: ☐ correct colour ☐ vivid ☐ red colour ☐ bluish
☐ dry ☐ moist ☐ swollen ☐ scalloped
☐ white coating ☐ black coating ☐ disappearance of filiform (filamentous) warts
☐ erosions/ulcers ☐ fissures ☐ pseudomembranous slough
☐ limited mobility

Salivary ducts: ☐ swelling ☐ erythema ☐ pain

Periodontal status: (www.periodontalchart-online.com, Department of Periodontology, University of Bern, Switzerland)

Dentin hypersensitivity chart (DH):

Cold air																
Dental probe																
Tooth	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Tooth	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Dental probe																
Cold air																

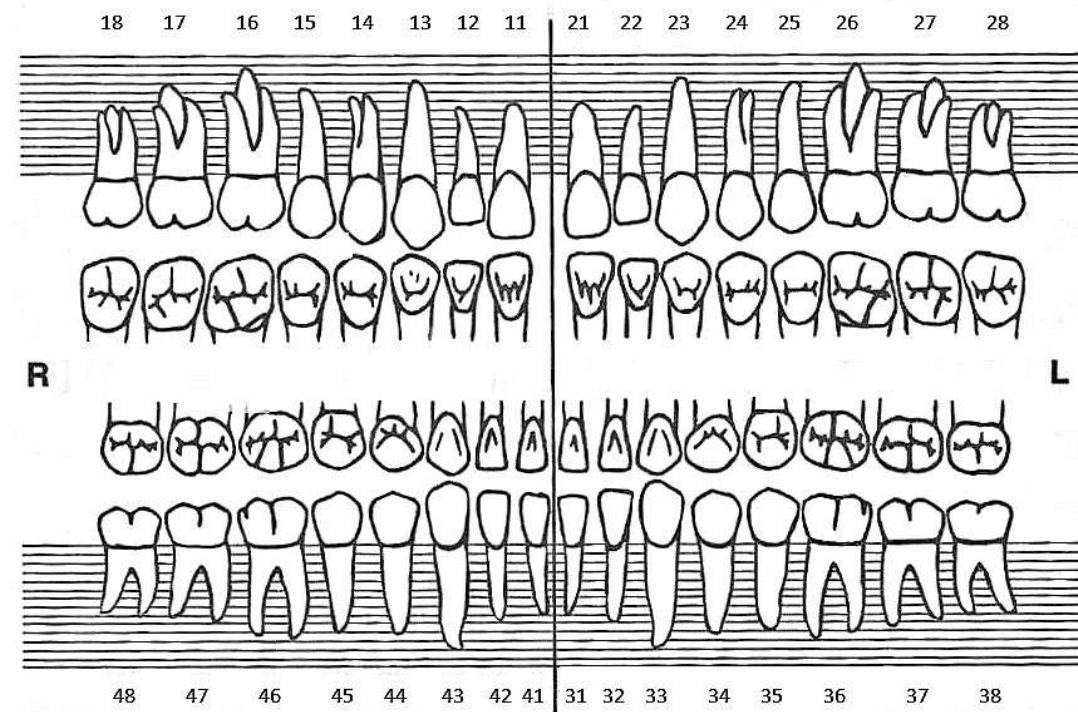
0-no pain

1-discomfort

2-pain occurs with stimulus but resolves when it is removed

3-pain lasts after removal of stimulus

Dental chart:



- 1 – initial caries
- 2 – caries
- 3 – non-carious lesion
- 4 – filling
- 5 – tooth extracted due to caries
- 6 – tooth extracted for other reasons
- 7 – fissure sealant
- 9 – partially erupted tooth
- 9 – trauma

Saliva

Appearance of saliva:

- ☐ correct appearance and quantity
- ☐ correct appearance but low quantity
- ☐ frothy and low quantity; cloudy; stretchy

Saliva secretion:

Resting saliva [ml]	
Stimulated saliva [ml]	