

AFTER-60 ORAL HEALTH RISK REVIEW

Use this checklist to notice changes and prepare for a dental visit. A checked item does not identify the cause or confirm a diagnosis.

Name: _____

Date completed: _____

Dentist / office: _____

Next appointment: _____

Start Here

My main concern: _____

When I first noticed it: _____ Getting: ☐ Better ☐ Worse ☐ Unchanged

Recent dental or medical changes: _____

1. Teeth and Older Dental Work

- ☐ New sensitivity to cold, heat, sweets or pressure
- ☐ A tooth that is painful, cracked, chipped, loose or darker than the others
- ☐ A filling, crown or bridge that feels rough, loose or different
- ☐ Food catching around older dental work or exposed roots
- ☐ New wear, flattened edges or signs of clenching or grinding

2. Gums and Exposed Roots

- ☐ Gums bleed during brushing or interdental cleaning
- ☐ Gums look red, swollen, tender or pulled away from a tooth
- ☐ A tooth looks longer, has an exposed root, or seems to be shifting
- ☐ Persistent bad breath or an unpleasant taste
- ☐ A loose adult tooth or a change in the way my teeth meet

3. Dry Mouth and Saliva

- ☐ My mouth often feels dry, sticky or uncomfortable
- ☐ I wake at night needing water or have trouble speaking for long periods
- ☐ Food is harder to chew or swallow without extra liquid
- ☐ I have had more cavities, mouth irritation or changes in taste
- ☐ Dryness began or worsened after a medicine or medical change

4. Chewing, Eating and Swallowing

- ☐ Pain or fatigue limits chewing ☐ I chew mostly on one side
 - ☐ I avoid firm, crunchy, chewy or dry foods ☐ Food sticks in my mouth
 - ☐ Coughing, choking or difficulty swallowing ☐ Unplanned weight loss
- Foods I have stopped or reduced: _____

APPLIANCES, DAILY CARE & NEXT STEPS

Focus on changes that are new, persistent, worsening, or interfering with eating, speaking, sleeping or daily mouth care.

5. Dentures and Implants

Dentures:

- ☐ New looseness or movement
- ☐ Repeated sore spots
- ☐ Cracks, worn teeth or bite changes
- ☐ Needing more adhesive than before
- ☐ Difficulty cleaning or removing the denture

Implants:

- ☐ Bleeding, swelling or tenderness around an implant
- ☐ Food trapping or cleaning difficulty
- ☐ Implant crown, bridge or attachment feels loose or different

6. Barriers to Daily Care

- ☐ Arthritis, weakness or pain makes it hard to hold or control a toothbrush
- ☐ Flossing or cleaning around bridges and implants is difficult
- ☐ Reduced vision makes it hard to see my teeth, gums or appliance
- ☐ Memory, fatigue or a complicated routine causes missed care
- ☐ I need help choosing an easier tool or a simpler routine

7. Questions for My Dentist

- ☐ Are my gums healthy, and do I have bone loss or exposed-root cavities?
- ☐ Is my mouth unusually dry, and could medicines or a health condition contribute?
- ☐ Are my older fillings, crowns and bridges still sound?
- ☐ Is my denture fit acceptable, and are my implants healthy?
- ☐ Should I change my toothbrush, interdental tool, fluoride or cleaning technique?
- ☐ How often should I return based on my individual risk?

Other question: _____

8. My Personalized Prevention Plan

The most important issue: _____

What I will do at home: _____

Recommended product, prescription or technique: _____

What the dental team will monitor: _____

Follow-up date or interval: _____

When Not to Wait

Contact a dentist promptly for worsening pain, swelling, a loose tooth, a broken restoration, implant movement, a persistent mouth sore, or dentures that repeatedly injure the mouth. Seek urgent medical help for severe swelling, trouble breathing or swallowing, uncontrolled bleeding, or rapidly worsening illness.