

MOUTH CHANGE & DENTAL VISIT RECORD

Use this form to record a new or persistent change and bring it to a dentist or healthcare professional. Most mouth changes are not cancer, but appearance alone cannot determine the cause.

Name: _____

Date first noticed: _____

Appointment date: _____

Provider: _____

1. Where Is the Change?

Mark every area that applies. Left and right refer to your own mouth.

OUTSIDE / AROUND THE MOUTH			
☐ Upper lip	☐ Lower lip	☐ Corner of mouth	☐ Face / neck
INSIDE THE MOUTH			
☐ Left cheek	☐ Right cheek	☐ Roof of mouth	☐ Floor of mouth
☐ Upper gum	☐ Lower gum	☐ Back of throat	☐ Other
TONGUE			
☐ Tip	☐ Left side	☐ Right side	☐ Under tongue

Exact location or size: _____

2. What Have I Noticed?

Symptom and Appearance Checklist

- ☐ Sore or ulcer that is not healing ☐ White patch ☐ Red patch ☐ Red-and-white patch
☐ Lump, bump, or thickened area ☐ Rough area ☐ Unexplained bleeding
☐ Numbness ☐ Pain or burning ☐ Difficulty chewing or moving the tongue
☐ Difficulty swallowing ☐ Persistent hoarseness or voice change ☐ Neck lump

Other description: _____

Color / shape / approximate size: _____

3. Change Over Time

Date	Better / same / worse	Pain 0-10	Size or appearance	Other notes or photo taken
	☐ Better ☐ Same ☐ Worse			
	☐ Better ☐ Same ☐ Worse			
	☐ Better ☐ Same ☐ Worse			
	☐ Better ☐ Same ☐ Worse			

APPOINTMENT PREPARATION

Complete what you can. These prompts help your clinician understand the full picture; they do not determine whether a change is cancerous.

1. Helpful Background

Possible irritation or event near the time it began:

- ☐ Denture rubbing ☐ Sharp tooth or filling ☐ Bit cheek or tongue ☐ Burn or injury
☐ Recent dental treatment ☐ New oral-care product ☐ Recent illness ☐ No known cause

Details: _____

Optional health and exposure information to discuss privately with the clinician:

- ☐ Current or previous tobacco use ☐ Regular alcohol use ☐ Previous oral cancer
☐ Previous head or neck cancer ☐ HPV concerns or history ☐ Immune-system condition

Medications or other relevant history: _____

2. Questions for the Dentist or Healthcare Professional

- ☐ What are the possible causes of this change?
☐ Does the area need to be rechecked? If so, when?
☐ Do I need referral to an oral surgeon, ENT specialist, or another clinician?
☐ Would a biopsy or another test be appropriate?
☐ Could a denture, tooth, medication, or health condition be contributing?
☐ What changes should make me contact you sooner?

Other question: _____

Clinician's notes and next step: _____

When to Arrange an Examination

Arrange an examination for a sore, patch, lump, thickened area, numbness, unexplained bleeding, swallowing difficulty, or voice change that persists, worsens, repeatedly returns, or has no clear explanation. A mouth sore still present for about two weeks deserves evaluation. Ask for earlier advice if a change is firm, irregular, bleeding, enlarging, or accompanied by a lump.

When Care May Be Urgent

Seek urgent medical help for trouble breathing, severe or rapidly increasing swelling, uncontrolled bleeding, or an inability to swallow liquids. Do not wait for a routine dental appointment in an emergency.

Bring this record, a medication list, and any dated photos you have taken to the appointment.