



Patient's examination card for integrated classes in paediatric dentistry

Student's name and surname group number.....

I. Patient's name and surname

Patient's birth date..... patient's chart number.....

Anamnesis

II. Dietary habits

1. How long did the breast-feeding last? months
2. How long did the bottle-feeding last? months
3. How long was the child put to sleep during breast-feeding? months
4. How long did the child sleep with the bottle? months
5. How frequent is the incidence of eating or drinking (milk, tea, juice) after the teeth had been brushed in the evening? never ☐, once a week ☐, everyday ☐
6. How often does the child drink?
 - fruit juice: never ☐, once a week ☐, everyday ☐
 - carbonated beverages: never ☐, once a week ☐, everyday ☐
 - How often does the child eat sweets? never ☐, once a week ☐, everyday ☐

III. Hygienic procedures

1. When did the child start brushing one's teeth? years
2. Who brushes child's teeth? mother ☐ child ☐
3. How often are the child's teeth being brushed? never ☐, several times a month ☐, once a week ☐, several times a week ☐, once; daily ☐

5DMD/Year

IV. Habits

1. How long did the child suck the pacifier? months
2. How long does/did the child suck the thumb, fingers? months
3. Does the child bite the nails or chew items? yes ☐ no ☐
4. Does the child gnash one's teeth? yes ☐ no ☐

V. Dysfunctions

1. Does the child breathe through mouth - during the day or at night? yes ☐ no ☐
2. Does the child suffer from a speech impediment? yes ☐ no ☐

Clinical and radiological examinations

A. Oral cavity state

- persistent infantile type of swallowing: yes ☐ no ☐
- hypotonia of orbicularis oris muscle: yes ☐ no ☐
- hypertrophy or penetrating attachment of upper lip' frenulum: yes ☐ no ☐
- abnormal attachment of tongue' frenulum: yes ☐ no ☐
- premature loss of primary teeth (nr):
- loss of permanent teeth (nr):
- persistent primary teeth (nr):
- hypodontia (nr):
- supernumerary teeth (nr):

$$\text{dmft} = \text{DMFT} =$$

$$DI =$$

CPITN =

0 - healthy
1 - bleeding
2 - calculus
x - sextant excluded

D. Results of radiographs' examination

.....

.....

.....

E. Dental cast analysis

.....

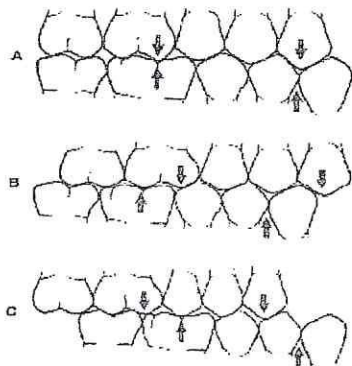
.....

.....

F. Malocclusion diagnosis:

Angle class I.....II.....III.....

canine class I.....II ½, ¼III ½, ¾



- overjet ☐
- open-bite ☐ anterior lateral
- crowding ☐
- deep bite (overbite) ☐
- cross-bite ☐ anterior posterior.....
- scissor's bite ☐
- negative overjet ☐
- absence of physiological diastemas ☐
- absence of physiological teeth' attrition ☐



5DMD/Year

G. Recommendations

1. Dietary.....
.....
2. Hygienic
3. Correction of habits and dysfunctions
-
-

H. Treatment plan

1. Prophylaxis: fluoridation ☐, sealing (nr).....
2. Caries (nr)
3. Malocclusions
-

I. Treatment procedures with regard to paediatric dentistry

	Date	Tooth Number	Diagnosis	Course of treatment	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Remarks:



5DMD/Year

J. Treatment procedures with regard to orthodontics

	Date	Course of treatment	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Remarks:

.....

K. Summary