Hygiene Appointment Checklist

Patient Name: _____________________________________ Date _________________

1. Personal Connection
   - Thank you for recent referrals ______________________________________

2. Review / Update:
   - Health History
   - Blood Pressure __________ / __________
   - Home Care Regime
   - Dental Concerns

3. Permission Statement

4. Update Radiographs

5. Oral Cancer Screening __________________________

6. Periodontal Evaluation
   - Full six-point probing (always assisted)
     - Bleeding points, furcations, recession, mobility, etc.
   - Discuss periodontal condition / treatment with patient

7. Update / Review OHI

8. Update Restorative / Cosmetic Concerns using IOC
   - Treatment pending or "on watch"
   - Treatment concerns patient has mentioned

9. Scale / Polish (or appropriate periodontal treatment) performed

10. Determine Next Appointment Interval

11. Dr. / Hygiene Information Handoff
    - Update:
      - Health History
      - Blood Pressure Screening
      - Oral Cancer Screening
    - Advise:
      - Perio Status
      - Home Care Recommendations
      - Recommendation for Appointment Interval
    - Acknowledge:
      - Pending Restorative
      - Treatment that patient is concerned about
      - New Restorative Concerns
      - Cosmetic Update

12. Reinforce Treatment Diagnosis and Answer Questions


14. Dismiss Patient