

EXAMINATION FORM FOR TRAUMA PATIENTS

Patient Name _____

Clinicians should use their standard office form to record medical history.

NEUROLOGIC ASSESSMENT

Does the patient have or has the patient had any of the following symptoms since the injury?

☐ nausea ☐ headache ☐ vomiting

Did the patient lose consciousness? ☐ Yes ☐ No If so, for how long? _____

Can the patient remember what happened ☐ before ☐ during ☐ after the accident?

Is there: ☐ double vision ☐ limited eye movement ☐ abnormal pupillary reflex

HISTORY OF THE INJURY

Date: _____ Time: _____ Place where injury happened: _____

How did the injury occur? _____

Was treatment provided elsewhere? ☐ Yes ☐ No If so describe: _____

Chief complaint: _____

Pain ☐ Yes ☐ No Location of pain (tooth/teeth): _____

Type of pain (percussion, biting, cold) _____

Characteristics of pain (constant, episodic) _____

Were the teeth avulsed? ☐ Yes ☐ No

If so:

Where were the teeth found? _____

When were the teeth found? _____

Were the teeth dirty? ☐ Yes ☐ No

How were the teeth stored? _____

Were the teeth rinsed prior to replantation? ☐ Yes ☐ No If so, with what _____

When were the teeth replanted? _____

Was tetanus antitoxoid given? ☐ Yes ☐ No

Were antibiotics given? ☐ Yes ☐ No If so, type and dosage _____

EXTRAORAL EXAMINATION

Is the patient's general condition affected? ☐ Yes ☐ No

Pulse and blood pressure _____

Objective findings within the head and neck? ☐ Yes ☐ No If yes, type and location: _____

Bleeding from the: ☐ nose ☐ ear

Palpable signs of fracture of facial skeleton? ☐ Yes ☐ No If yes, location of fracture _____

INTRAORAL EXAMINATION

Injury to the oral mucosa ☐ Yes ☐ No Location _____

Injury to the gingiva ☐ Yes ☐ No Location _____

Tooth fracture ☐ Yes ☐ No Location _____

Alveolar fracture ☐ Yes ☐ No Location _____

Tooth discoloration ☐ Yes ☐ No Location _____

DENTAL EXAMINATION

General condition of dentition ☐ Good ☐ Fair ☐ Poor

Caries ☐ Minimal ☐ Moderate ☐ Extensive

Periodontal status ☐ Good ☐ Fair ☐ Poor

Horizontal occlusal relationship ☐ Underbite ☐ Overbite ☐ Normal

Vertical occlusal relationship ☐ Deep ☐ Open ☐ Normal

EVALUATION OF THE INJURED TOOTH

Tooth #				
Date				
Heat (+/-)				
Cold (+/-)				
Percussion (+/-)				
Ankylosis tone				
Mobility				
Palpation				
Color				
EPT (#)				
Occlusal contact (+/-)				

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Occlusal contact (+/-)				

RADIOGRAPHIC EXAMINATION

Types of films

- ☐ Periapical
- ☐ Angulated periapical
- ☐ Occlusal
- ☐ Soft tissue film
- ☐ Panoramic

Observation

- ☐ Root fracture
- ☐ Bone fracture
- ☐ Pulp canal obliteration
- ☐ Root resorption
- ☐ Immature root, open apex.
Size of apical foramen _____ mm.

INJURIES

Tooth # Fractures

- _____ Crown fracture/no pulp exposure
- _____ Crown fracture/pulp exposure
- _____ Crown-root fracture/no pulp exposure
- _____ Crown-root fracture/pulp exposure
- _____ Root fracture (apical, middle, coronal 1/3)
- _____ Alveolar fracture
- _____ Mandibular fracture
- _____ Maxillary fracture

_____ Additional remarks: _____

Tooth # Luxations

- _____ Concussion
- _____ Subluxation
- _____ Lateral luxation
- _____ Extrusion
- _____ Intrusion
- _____ Avulsion

_____ Additional remarks: _____

Location Abrasions/Contusions/Lacerations

- _____ Skin abrasion
- _____ Skin laceration
- _____ Skin contusion
- _____ Mucosal abrasion
- _____ Mucosal laceration
- _____ Mucosal contusion
- _____ Gingival abrasion
- _____ Gingival laceration
- _____ Gingival contusion

_____ Additional remarks: _____

TREATMENT PLAN

At time of injury		Follow-up	
Repositioning		Restoration	
Fixation/splinting		Fixation/splinting	
Pulpal therapy		Pulpal therapy	
Dentinal coverage		Soft tissue suture removal	
Soft tissue suturing		Endodontic referral	
Prescription		Oral surgery referral	
Emergency room/ physician referral		Orthodontic referral	

PROGNOSIS

Tooth # _____ ☐ Good ☐ Fair ☐ Poor

Tooth # _____ ☐ Good ☐ Fair ☐ Poor

Tooth # _____ ☐ Good ☐ Fair ☐ Poor

FOLLOW-UP

3 weeks Date of visit _____

Remarks: _____

3 months Date of visit _____

Remarks: _____

6 months Date of visit _____

Remarks: _____

12 months Date of visit _____

Remarks: _____

2 years Date of visit _____

Remarks: _____

3 years Date of visit _____

Remarks: _____

4 years Date of visit _____

Remarks: _____

5 years Date of visit _____

Remarks: _____