



LOG BOOK

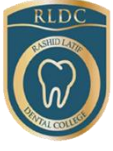


Department of Periodontology

LOG BOOK

Student's Name: _____

Roll No: _____





Periodontal clinical records

Biodata

Patient's name	Date	Medical alert
Age	Gender	Address
Reg. No.	Occupation	Phone No.

History

Presenting complaint (in patient's words) _____

HOPC _____

Type:

Incidence:

Duration:

Initiating factors:

Relieving factors:

Dental history _____



Habits _____

Oral Hygiene status _____

Extra Oral Examination

TMJ Examination	Normal R/L	Click Unilateral (R/L) Bilateral (R/L)	Pain (R/L)
Mouth Opening	Normal	Restricted	
Lymph nodes	Palpable	Non-palpable	Specify lymph nodes
Facial symmetry	Symmetrical	Asymmetrical	
Eyes	Sclera colour		
Lips	Dryness (Mouth breather)		
Skin	Pallor , cyanosis, jaundiced		

Intra Oral Examination

Soft tissue lesions	Absent	Present	Specify:
Gingival inflammation	Mild Generalized/Localized	Moderate Generalized/Localized	Severe Generalized/Localized
Gingival anatomy	Scalloped	Rolled	
Suppurative pocket	Absent	Present	
Tooth wear	Attrition	Abrasion	Erosion
Malocclusion	Absent	Present	Specify
Plaque retention	Absent	Present	Specify



Pre-existing issues

Bleeding gums	yes	No
Unpleasant taste	yes	No
Bad breath	yes	No
Swelling / Lumps in mouth	yes	No
Orthodontic treatment	yes	No
Clenching/grinding habits	yes	No
Difficulty in mouth opening	yes	No
Loose teeth	yes	No
Burning tongue/lips	yes	No
Frequent oral ulcers	yes	No
Sensitivity in teeth	yes	No
Sensitivity to sweets	yes	No
Cheek bite	yes	No

Oral hygiene maintenance:

Tooth brush type _____

Dental floss _____

Mouth washes _____

Medical history

Medications _____

Pre-Existing Medical Conditions

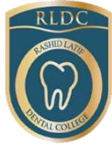
- Asthma
- Bleeding Problems
- High blood pressure



- Diabetes
- Liver disease
- Peptic Ulcers
- Heart problems (specify)
- Kidney disease
- History of stroke
- Joint replacement
- Pregnancy
- Hepatitis (A, B and C)
- COVID-19 SARS 2
- Tuberculosis

Drug Allergies

- Anesthetics
- Aspirin
- Codeine
- Ibuprofens
- Paracetamol
- Antibiotics (specify)
- Latex
- Iodine



PERIODONTAL CHART

PATIENT NAME: _____ FILE NO.: _____ DATE: _____

☐ Pre-treatment
 ☐ Re-evaluation
 ☐ Recall maintenance

Diagnosis																												
CAL, BOP																												
PD, PI, Calc																												
CEJ-GM																												
FACIAL	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28												
Mobility																												
LINGUAL																												
CEJ-GM																												
PD, PI, Calc																												
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CAL, BOP																												
Diagnosis																												

GM- Gingival Margin. CAL- Clinical Attachment Loss. CEJ- Cementoenamel Junction. PD- Probing Depth
 PI- Plaque, if presents put *. Calc- Calculus, if presents put *. BOP- Bleeding on probing, if presents put red

Plaque Index
 Bleeding Index

Periodontal Diagnosis:

Supervisor's Signature



Periodontal Evaluation

1st row: Pocket depth

2nd row: Bleeding on probing (BOP)

3rd row: Furcation depth

Mobility in teeth:

Grade 1: Slightly more than normal (<0.2mm horizontal movement)

Grade 2: Moderately more than normal (1-2mm horizontal movement)

Grade 3: Severe mobility (>2mm horizontal or any vertical movement)

Upper Arch

[illegible]

Lower Arch

[illegible]



Plaque score: No. of sites with plaque / Total no. of sites x100

Bleeding score: No. of sites with bleeding / Total no. of sites x100

Clinical attachment loss (CAL): No. of sites with CAL / Total no. of sites x100

Diagnosis:

Treatment Plan: