

# 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 \_\_\_\_\_  
\_\_\_\_\_

## 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: \_\_\_\_\_

## 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 (+/-)				

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

## 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: \_\_\_\_\_