



# CLINICAL COMPETENCY EVALUATION

## DENTAL ASSESSMENT:

### EXTRA-ORAL AND INTRA-ORAL ASSESSMENT

CLIENT: \_\_\_\_\_  
CANDIDATE: \_\_\_\_\_

Date Completed: \_\_\_\_\_  
CDHO Evaluation Date: \_\_\_\_\_  
Evaluators' Initials: \_\_\_\_\_ / \_\_\_\_\_

**EXTRA ORAL:**

	WNL	
	Yes	No
Salivary Glands (palpable)	<input type="checkbox"/>	<input type="checkbox"/>
Lymph Nodes (palpable)	<input type="checkbox"/>	<input type="checkbox"/>
TMJ Normal Movement	<input type="checkbox"/>	<input type="checkbox"/>
TMJ Crepitous	<input type="checkbox"/>	<input type="checkbox"/>

**INTRA ORAL:**

	WNL	
	Yes	No
Lips (colour, lesions)	<input type="checkbox"/>	<input type="checkbox"/>
Buccal Mucosa (colour, lesions)	<input type="checkbox"/>	<input type="checkbox"/>
Alveolar Mucosa (lesions, frena)	<input type="checkbox"/>	<input type="checkbox"/>
Floor of Mouth (lesions)	<input type="checkbox"/>	<input type="checkbox"/>
Tongue (colour, size, margins, papillae, coating, lesions, fissures)	<input type="checkbox"/>	<input type="checkbox"/>
Fauces (tonsil size, lesions)	<input type="checkbox"/>	<input type="checkbox"/>
Palate (shape, height, torus, lesions)	<input type="checkbox"/>	<input type="checkbox"/>

**GINGIVA:**

Colour	General		Local		Consistency	General		Local		Abnormal	General		Local	
Pink					Resilient					Clefts				
Red					Soft/Spongy					Recession				
Blue					Edematous					Pockets				
Other					Fibrotic									

Suggested Gingival Condition: \_\_\_\_\_

**HARD DEPOSITS:**

	Supragingival				Subgingival			
	Anterior		Posterior		Anterior		Posterior	
Maxillary	L	M	H		L	M	H	
Mandibular	L	M	H		L	M	H	

**SOFT DEPOSITS:**

	Stain		Plaque		Bleeding	
	General	Local	General	Local	General	Local
Light						
Moderate						
Heavy						

**OTHER FACTORS:**

Overhangs: \_\_\_\_\_ Sensitivity: \_\_\_\_\_ Pressure Habit: \_\_\_\_\_ Tongue Thrust: \_\_\_\_\_

Smoking: \_\_\_\_\_ Recession: \_\_\_\_\_ Bruxism: \_\_\_\_\_ Other: \_\_\_\_\_

Oral Hygiene: Good  Fair  Poor  Access: Easy  Difficult