Canadian Performance Examination in Dental Hygiene
Extra- and Intra-Oral Assessment: CANDIDATE

CPEDH Evaluation Date: ________________________________
Client Name: _________________________________________
Candidate ID #: _______________________________________

Rater ID # and Signature: __________________________________

Extra Oral
☐ if within normal limits (Description of location of clinical finding)
Skin and Facial Symmetry □ WNL or
Lymph Nodes: Head and Neck □ WNL or
Thyroid and Salivary Glands □ WNL or
TMJ □ WNL or

Intra Oral
Salivary Flow □ WNL or
Lips □ WNL or
Buccal Mucosa □ WNL or
Cheeks □ WNL or
Hard Palate □ WNL or
Soft Palate □ WNL or
Tonsils □ WNL or
Pharynx □ WNL or
Tongue □ WNL or
Floor of Mouth □ WNL or
Oral Cancer Screen: □ WNL or ________________________ □ Referral Required

Hard and Soft Deposits
G = Generalized L = Localized

G L
Plaque L M H L M H
Stain L M H L M H
Supra Deposits L M H L M H
Sub Deposits L M H L M H

Dental Hygiene Diagnosis
____________________________________________________________________________________
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Gingival Assessment
G L G = Generalized L = Localized

G L
Colour:
☐☐☐ pink
☐☐☐ red
☐☐☐ blue
☐☐☐ purple
☐☐☐ pigmented

Contour and Size:
Margins:
☐☐☐ recessed
☐☐☐ flat
☐☐☐ snug
☐☐☐ rolled
☐☐☐ enlarged

Papillae:
☐☐☐ pointed
☐☐☐ bulbous
☐☐☐ blunt
☐☐☐ cratered

Consistency:
☐☐☐ firm
☐☐☐ spongy
☐☐☐ retractable
☐☐☐ fibrotic
☐☐☐ edematous

Texture:
☐☐☐ smooth
☐☐☐ shiny
☐☐☐ stippled

R
L

August 2017
Candidate Signature: ____________________________________