CDHO

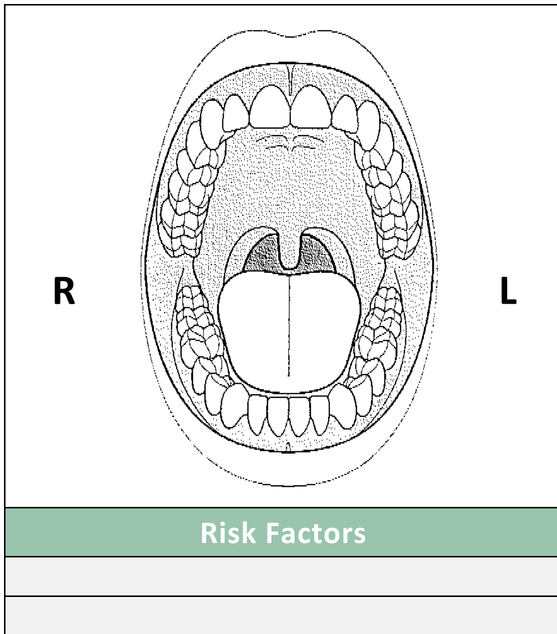
CDHO Clinical Competency Evaluation
Extra- and Intra-Oral Assessment

Evaluation Date: ______________________________

Client Name: ______________________________

Candidate: ______________________________

CANDIDATE



Risk Factors

Hard and Soft Deposits

G = Generalized	**G**	**L** = Localized **L**	
Plaque	L M H	L M H	________________
Stain	L M H	L M H	________________
Supra Deposits	L M H	L M H	________________

Dental Hygiene Diagnosis

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Treatment Plan

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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

Gingival Assessment

	G	**L**	**G** = Generalized **L** = Localized
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 ______________________

Candidate Signature:______________________________