Dental Trauma History and Examination Proforma

British Endodontic Society

Date

Patient's name

Patient's date of birth

Patient's age

Occupation

Smoker

☐ No ☐ Yes Amount ☐ Ex-smoker

Medical History (MH)

Fit and healthy

☐ Yes ☐ No Tetanus status

Relevant MH (include allergies, medical conditions and medications)

Referred by

☐ Emergency department ☐ Emergency dentist ☐ Another hospital ☐ Own dentist ☐ Walk-in/Self-referral

Radiographs taken elsewhere

☐ Yes ☐ No

Details

Treatment carried out elsewhere

Date of trauma Time of trauma

Where?

How?

Avulsed teeth

☐ Yes ☐ No Extra oral dry time

Storage media (specify media) / time in media

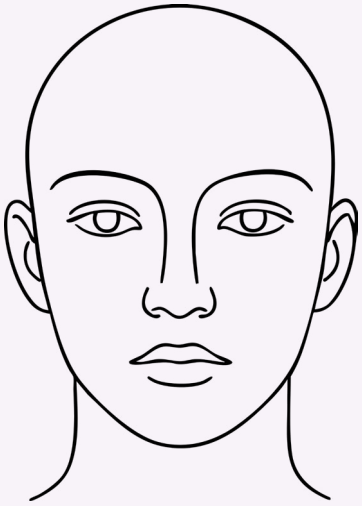
Complaints and reported conditions

- ☐ Altered orientation/mental status
- ☐ Headache/nausea/vomiting
- ☐ Haemorrhage from ears/nose
- ☐ Loss of consciousness
- ☐ Neck pain
- ☐ Wheezing/coughing/gagging
- ☐ Other bodily injuries
- ☐ Use of oral appliance
- ☐ Pain on opening/closing mouth
- ☐ Abnormal/painful occlusion
- ☐ Spontaneous dental pain
- ☐ Tooth sensitive to air
- ☐ Displaced or loosened tooth
- ☐ Fractured tooth/teeth
- ☐ Missing tooth fragment located
- ☐ Previous dental trauma

Details

Extra oral examination (select all observed)

- ☐ Lacerations
- ☐ Contusions
- ☐ Bruising
- ☐ Visual disturbance
- ☐ Evidence of facial fractures/step deformities
- ☐ Paraesthesia/anaesthesia
- ☐ Subconjunctival haemorrhage
- ☐ Facial swelling/asymmetry



Annotate the diagram as needed and add any supporting details below

Soft tissue examination

- ☐ Tongue
- ☐ Lips
- ☐ Fauces
- ☐ Buccal mucosa
- ☐ Hard/soft palate
- ☐ Gingiva
- ☐ Floor of mouth
- ☐ Sublingual/buccal sulcus haematoma

Details

Hard tissue examination

- ☐ En-bloc alveolus movement
- ☐ Presence of alveolar fracture/gingival tears/step deformities
- ☐ Palatal movement/gingival tears
- ☐ Anterior open bite (posterior teeth only occluding)

Details

Intra oral examination

Restored dentition ☐ Unrestored ☐ Minimally ☐ Moderately ☐ Heavily

General condition of the mouth/oral hygiene ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Active periodontal disease? ☐ Yes ☐ No

Teeth involved (mark 'y' where relevant):

Caries																
Displaced teeth																
Mobile teeth																
Fractured teeth																
Teeth numbers	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Fractured teeth																
Mobile teeth																
Displaced teeth																
Caries																

Details

Special investigations

Tooth															
Occlusal interference Mark: + or -															
Mobility Add grade: 1, 2 or 3															
Discoloured Mark: + or -															
Tenderness to palpation If yes, tick and add if: buccal, palatal/lingual															
Tenderness to percussion If yes, tick and note if: occlusal or lateral															
Endo frost Mark: + or -															
EPT															

Radiographic examination

☐ Periapical ☐ Occlusal ☐ Soft tissue ☐ Bitewings ☐ DPT ☐ CBCT

Report

Diagnosis

☐ Concussion
☐ Subluxation
☐ Extrusion
☐ Lateral luxation
☐ Intrusion
☐ Avulsion
☐ Enamel infraction
☐ Enamel fracture
☐ Enamel-dentine fracture
☐ Enamel-dentine fracture with pulp involvement
☐ Crown-root fracture with no pulp involvement
☐ Crown-root fracture with pulp involvement
☐ Root fracture (cervical, mid-third, apical-third)
☐ Dentoalveolar fracture

Tooth type	Diagnosis	Prognosis (mark 'y' where relevant)			
		Good	Fair	Guarded	Poor

Post operative advice and warnings given

☐ Need for root canal treatment ☐ Damage to unerupted tooth ☐ Risk of tooth discolouration

☐ Tooth loss ☐ Risk of resorption ☐ Patient information leaflet

Photography consent form signed and images taken ☐ Yes ☐ No

Treatment today

Future treatment plan

Next review date Splint removal date

Details

Onward referral/secondary opinion

☐ Endodontist ☐ Paediatric dentist ☐ Restorative dentist ☐ Maxfax/A+E ☐ Orthodontist ☐ Own dentist

Details if referred (date, time, referred and referral sent)

Name

Dentist's signature

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