

Hygiene Handoff Checklist

Date: _____

Patient Name: _____

Personal Update: _____

Time since last:
- hygiene visit _____
- probing _____
- exam _____
- X-rays _____

Health History Update: _____
Blood Pressure _____

Patient Concerns: _____

Oral Cancer Screening _____ Positive _____ Negative

Perio Update for Pocket depths: _____
Bleeding on Probing: _____
Bleeding on Scaling: _____
Recession: _____
Furcations: _____
Mobility: _____
Appointment Frequency: _____

State of current restorations: _____
Margins: _____
Appearance: _____
Condition: _____

State of current removables: _____
Condition: _____
Appearance: _____
Comfort: _____

New areas of decay: _____
Fractures: _____
Wear: _____

Home Care Update: _____
Rx: _____

Cosmetic Concerns: _____
Opportunities: _____