



**PERSONAL HISTORY:**

Cigarette smoking \_\_\_\_\_

how many sticks per day? \_\_\_\_\_

Alcoholic drinks \_\_\_\_\_

For how many years now? \_\_\_\_\_  
amount \_\_\_\_\_

Coffee \_\_\_\_\_

For how many years now? \_\_\_\_\_

Prohibited drugs \_\_\_\_\_

how many cups per day? \_\_\_\_\_

**OBGYNE HISTORY: (for females only)**

Number of pregnancies \_\_\_\_\_  
(Full term) \_\_\_\_\_  
(Preterm) \_\_\_\_\_  
(Abortion) \_\_\_\_\_  
(Living) \_\_\_\_\_

Date of last delivery \_\_\_\_\_

Type of last delivery \_\_\_\_\_

Ectopic pregnancy \_\_\_\_\_

H-mole \_\_\_\_\_

No. of cesarean section \_\_\_\_\_

Last menstrual period \_\_\_\_\_

Menarche \_\_\_\_\_

Age of menopause \_\_\_\_\_

Duration of menstrual bleeding \_\_\_\_\_

Days of interval between menstruation \_\_\_\_\_

Painful menstruation \_\_\_\_\_

Abnormal menstruation \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name and signature of examinee/ guardian (for minors)

>----- DO NOT FILL BEYOND THIS LINE -----<

**CLINICAL NOTES & ASSESMENT**

HT: \_\_\_\_\_ WT: \_\_\_\_\_ BP: \_\_\_\_\_ HR: \_\_\_\_\_ VA: \_\_\_\_\_

Breast Exam: \_\_\_\_\_

**PALAWAN STATE UNIVERSITY**

Health Services  
Puerto Princesa City

**Dental Examination Record**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Course/Year/ Grade/Section: \_\_\_\_\_

Address: \_\_\_\_\_

L										R									
<u>18</u>	<u>17</u>	<u>16</u>	<u>15</u>	<u>14</u>	<u>13</u>	<u>12</u>	<u>11</u>			<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>		
48	47	46	45	44	43	42	41			31	32	33	34	35	36	37	38		
<u>55</u>	<u>54</u>	<u>53</u>	<u>52</u>	<u>51</u>						<u>61</u>	<u>62</u>	<u>63</u>	<u>64</u>	<u>65</u>					
85	84	83	82	81						71	72	73	74	75					

**Legend:**

O-Restorable Caries/Lesions

X-Missing natural teeth

L-Non-restorable caries

R-Replaced by denture

U-Unerupted

J-Jacket Crown

F-Full Shell/Metal Crown

AB-Abutment

I-Impacted

FX-Fixed Bridge

TF-Temporary Filling

A-Amalgam Filling

S-Sealant

C-Composite Filling

**Periodontal Screening:**

- Gingivitis
- Periodontitis
- Light calcular deposit
- Moderate calcular deposit
- Heavy calcular deposit

**Occlusion:**

- Class I
- ClassII
- Class III
- Overjet
- Overbite
- Crossbite

**Appliances**

- Orthodontic  
\_\_\_\_\_
- Splint
- Others   
\_\_\_\_\_

Remarks/Other findings:

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