Oklahoma Department of Corrections
INITIAL EXAM

INSTRUCTIONS: Please complete as accurately as possible. This information is confidential.

PART I. MEDICAL HISTORY Birthdate: _____ Sex: _____

A. Have you ever had any of the following: (circle Y or N) give a brief description for "Yes" answers:

Rheumatic fever	Y	N	_____	Surgery	Y	N	_____
Heart murmur	Y	N	_____	Seizures	Y	N	_____
Other heart condition	Y	N	_____	Organ replacement	Y	N	_____
High blood pressure	Y	N	_____	Allergies to medicines	Y	N	_____
Diabetes	Y	N	_____	Other allergies	Y	N	_____
Hepatitis/liver disease	Y	N	_____	Major illnesses	Y	N	_____
Artificial joints	Y	N	_____	Cancer	Y	N	_____
Artificial heart valves	Y	N	_____	HIV/AIDS	Y	N	_____

B. Are you currently under a physician's care? Y N Explain "yes" answers on line:

_____

C. Are you currently taking any medications? Y N Please list below:

_____

D. *WOMEN ONLY*: Are you pregnant? Y N Trimester: 1 2 3 (circle)

Patient's Signature: _____ Date: _____

PART II. Dentist's Comments: _____

_____

ORAL HYGIENE INSTRUCTIONS GIVEN: _____

PART III. ORAL DIAGNOSIS

Radiographs taken: _____ BWX (number) _____ PAX (number) _____ Panoramic _____

EXISTING CONDITIONS: (X= missing teeth, circle=existing restorations)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Dental Prosthesis Present (circle): F / F P / P Masticating efficiency (circle): Good Fair Poor

Calculus/deposits (circle): None Slight Moderate Heavy Gingiva (circle): Normal Inflamed Highly inflamed

Head and Neck exam: (circle N for normal or A for abnormal) Comments:

Pharynx	N	A	Hard palate	N	A
Soft palate	N	A	Lips	N	A
Tongue	N	A	Neck/Nodes	N	A
Floor of mouth	N	A	TMJ	N	A
Salivary glands	N	A			

_____
_____
_____
_____
_____

TREATMENT NEEDED: (X= extractions indicated, circle = restorations indicated)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

PRIORITY (circle): I II III IV V

EMERGENCY TREATMENT PLAN: _____

_____

DENTIST'S SIGNATURE: _____ DATE: _____

INMATE: _____ ODOC NO.:_____