



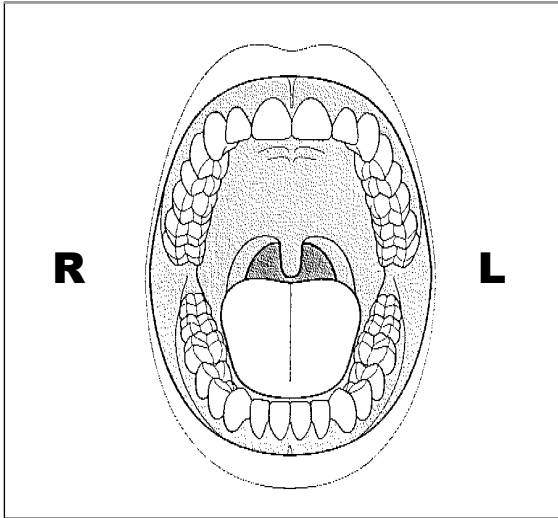
Canadian Performance Exam in Dental Hygiene Extra- and Intra-Oral Assessment: RATER

CPEDH Evaluation Date: _____

Client Name: _____

Candidate ID #: _____

Rater ID # and Signature: _____



Risk Factors

Hard and Soft Deposits				
	G = Generalized		L = Localized	
	G	L	G	L
Plaque	L M H	L M H	_____	_____
Stain	L M H	L M H	_____	_____
Supra Deposits	L M H	L M H	_____	_____
Sub Deposits	L M H	L M H	_____	_____

Dental Hygiene Diagnosis

Extra Oral		
	<input checked="" type="checkbox"/> if within normal limits	(Description of location of clinical finding)
Skin and Facial Symmetry	<input type="checkbox"/> WNL or	
Lymph Nodes: Head and Neck	<input type="checkbox"/> WNL or	
Thyroid and Salivary Glands	<input type="checkbox"/> WNL or	
TMJ	<input type="checkbox"/> WNL or	

Intra Oral		
Salivary Flow	<input type="checkbox"/> WNL or	
Lips	<input type="checkbox"/> WNL or	
Buccal Mucosa	<input type="checkbox"/> WNL or	
Cheeks	<input type="checkbox"/> WNL or	
Hard Palate	<input type="checkbox"/> WNL or	
Soft Palate	<input type="checkbox"/> WNL or	
Tonsils	<input type="checkbox"/> WNL or	
Pharynx	<input type="checkbox"/> WNL or	
Tongue	<input type="checkbox"/> WNL or	
Floor of Mouth	<input type="checkbox"/> WNL or	
Oral Cancer Screen:	<input type="checkbox"/> WNL or _____	<input type="checkbox"/> Referral Required

Gingival Assessment				
	G	L	G = Generalized	L = Localized
Colour:	<input type="checkbox"/>	<input type="checkbox"/>	pink _____	
	<input type="checkbox"/>	<input type="checkbox"/>	red _____	
	<input type="checkbox"/>	<input type="checkbox"/>	blue _____	
	<input type="checkbox"/>	<input type="checkbox"/>	purple _____	
	<input type="checkbox"/>	<input type="checkbox"/>	pigmented _____	
Contour and Size	<input type="checkbox"/>	<input type="checkbox"/>	recessed _____	
Margins:	<input type="checkbox"/>	<input type="checkbox"/>	flat _____	
	<input type="checkbox"/>	<input type="checkbox"/>	snug _____	
	<input type="checkbox"/>	<input type="checkbox"/>	rolled _____	
	<input type="checkbox"/>	<input type="checkbox"/>	enlarged _____	
Papillae:	<input type="checkbox"/>	<input type="checkbox"/>	pointed _____	
	<input type="checkbox"/>	<input type="checkbox"/>	bulbous _____	
	<input type="checkbox"/>	<input type="checkbox"/>	blunt _____	
	<input type="checkbox"/>	<input type="checkbox"/>	cratered _____	
Consistency:	<input type="checkbox"/>	<input type="checkbox"/>	firm _____	
	<input type="checkbox"/>	<input type="checkbox"/>	spongy _____	
	<input type="checkbox"/>	<input type="checkbox"/>	retractable _____	
	<input type="checkbox"/>	<input type="checkbox"/>	fibrotic _____	
	<input type="checkbox"/>	<input type="checkbox"/>	edematous _____	
Texture:	<input type="checkbox"/>	<input type="checkbox"/>	smooth _____	
	<input type="checkbox"/>	<input type="checkbox"/>	shiny _____	
	<input type="checkbox"/>	<input type="checkbox"/>	stippled _____	