**Medical History Review for Dental Patients in Long Term Care**

Disclaimer: This is a form for dentists to review the patient’s medical history and share with their dental team. This may contain information that is for reference only that may not directly apply to the patient. For example, potential side effects of medications or potential dental implications of medical conditions does not mean that the patient is or will experience this side effect/implication. The intent of this form is to organize thought for the dental team so they can best treat each unique patient based on their personal health history.

Information on this form is obtained from the patient’s medical records and is to be considered a review of medical history for dental purposes. Documents that will help the dentist fill out this form are: **1) Face Sheet from Long Term Care Facility, 2) Note from most recent Medicare Wellness Visit, 3) Note from most recent MD visit. 4) Notes from any other visits their medical offices finds to be relevant between wellness visit and day filling out the form.** Also, after filling out this form it is a good practice to ask a trusted person at the facility (nurse, administrator, caregiver) if there is anything major that has recently happened with the resident.

Long Term Care Facility Name:

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| --- | --- | --- | --- |
| Patient Name: |  | | |
| Date of Birth: |  | | |
| Reviewing Dentist: |  | | |
| Participants in Making Medical Decisions for this Person | **Name** | **Relationship** | **Number(s)** |
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| Medical Team | **Provider Type** | **Name** | **Contact** |
| PCP |  |  |
| Pharmacy |  |  |
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Date of last medical visit:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vitals at last medical visit | BP: |  | Pulse: |  | RR: |  | O2sat: |  |
| Allergies | Allergen: | | | What Happens | | | | |
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| **Problem/Diagnosis** | Any Relevant Labs | Affect on dental treatment/ Modifications |
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Hint: Patients with renal failure want the GFR, patients with Diabetes you want A1C and FBG, patients who may be immunosuppressed or anemic you may want CBC. These are just a few basics.

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| --- | --- | --- |
| **Medication** | Potential side effects that affect us | Modifications |
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Hint: Patients on Warfarin (Coumadin) want IRN, if they take meds that can cause thrombocytopenia as a side effect you may want to include those labs as well. If they are on a ton of medications that prolong the QT interval epi with caution.

**Summary of most recent Medical Visit**: (INERT SUMMARY HERE)

**Mobility Devices**: If transferring to or from a mobility device, ALWAYS get a caregiver to help

**Dental History and Goals**: (Insert what we know for this patient)

**Summary of Modifications:** Continue to assess aspiration risk and other risks as patient’s conditions can progress after the review. Ask the caregivers and nurses regularly. Report back to the dentist if there are changes. Some important indicators of aspiration risk are: inability to swallow thin liquids, coughing or gagging when performing oral hygiene or eating/drinking, and history of spiration pneumonia.

**LIST OF MODIFICATIONS:**

* (Insert bulleted list of modifications for this patient’s safe treatment)