

FY2023 Checkup Sheet for “Oral Health Checkup” (for all Minato City residents who are over 20 years of age this fiscal year)

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(Residents born between April 1, 1948 and March 31, 2004)

This Checkup Sheet is valid for the following periods: (First half of year) June 1, 2023 to August 31, 2023;
(Latter half of year) November 1, 2023 to January 31, 2024

Examination date	Year: ____ / Month: ____ / Day: ____			
Name in Kana syllabary		Sex		Address: Tel:
Name		Male	Female	
Date of Birth	Year: ____ / Month: ____ / Day: ____	Age:		

Please fill in the required items in the above box and then answer the following questions before the start of your dental examination. Please circle the applicable answers.

Home visit

Pregnant woman's
Checkup

Questions about your oral health/habits (to be filled in by the patient)

Have you ever had the “Oral Health Checkup in Minato City” in the past?	Yes	No
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Q1: Oral matters you are worried about

1-1: Do you currently have any pain or anything else that concerns you in your teeth, gums or the joints of your jaw etc?	Yes		No
1-2: Is there any bleeding when you brush your teeth?	Yes	Sometimes	No
1-3: Do any teeth seem loose?	Yes	Sometimes	No

Q2: Your daily healthcare habits

2-1: Do you brush your teeth at night before going to bed?	No	Sometimes	Most Days
2-2: Do you use interdental brushes or dental floss etc. (interdental cleaning aids)?	No	Sometimes	Most Days
2-3: Do you ever examine your teeth, gums or tongue carefully using a mirror?	No	Sometimes	Most Days
2-4: Do you take your time eating and chew your food well?	No	Sometimes	Most Days
2-5: Do you get out of the house often?	No		Yes
2-6: Do you get enough rest?	No		Yes
2-7: Do you eat breakfast?	No	Sometimes	Yes
2-8: Do you eat between meals (sweet foods and drinks)?	Most days	Sometimes	No
2-9: Do you drink alcohol?	Most days	Sometimes	No
2-10: Do you smoke?	Yes(20 or more cigarettes a day)	Yes(19 or fewer cigarettes)	No
2-11: How many types of orally administered medication do you take per day?	5 types or more	1-4 types	None

Q3: Visiting a dental clinic

3-1: Do you have a regular dental clinic?	No		Yes
3-2: Do you have regular dental examinations once a year or more often?	No		Yes
3-3: Have you had tartar removed within the last six months?	No		Yes

Q4: About your oral health in general

4-1: Are you able to enjoy your food?	No		Yes
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(If you are 65 years old or over, please answer the following questions 4-2, 4-3, and 4-4.)

4-2: Do you find it difficult to eat hard food compared to half year ago?	Yes		No
4-3: Do you sometimes choke on your tea or soup?	Yes		No
4-4: Are you concerned about cotton mouth?	Yes		No

(Please answer Q4-5 after completing the gum test)

4-5: When you chewed on the gum, did you feel any pain or looseness in your teeth?	Yes		No
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Q5: If there is anything else you are concerned about, please describe it in the following box.

To be filled in by the dentist

1. Gum test verdict

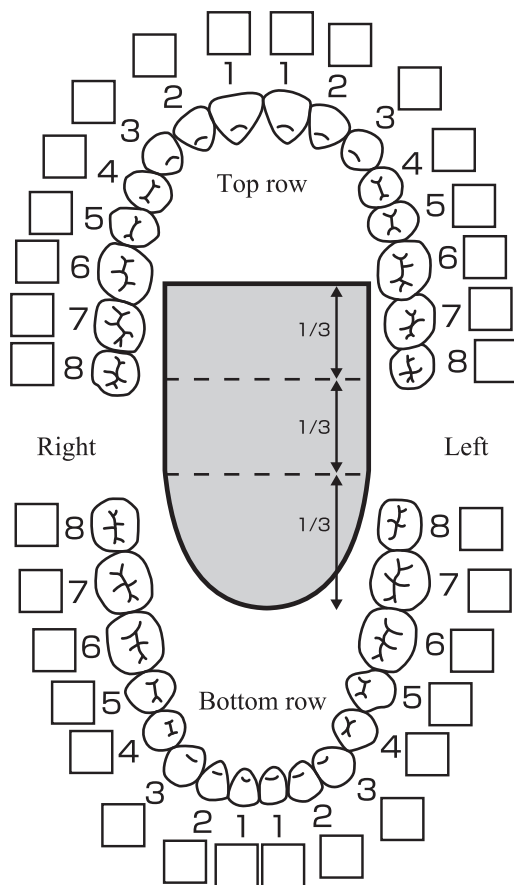
1	2	3
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2. Gums checkup

	Right molar	Front teeth	Left molar	Findings
Upper jaw				
Lower jaw				

0:Gums are not inflamed (redness, swelling, etc.)
1:Gums are mildly inflamed
2:Gums are inflamed

3. Condition of teeth



4. Cleanliness of tongue

Please place a check ✓ against the applicable remark.

- 0: Tongue coating almost unnoticeable
- 1: Tongue coating covers less than 1/3 of tongue
- 2: Tongue coating covers between 1/3 and 2/3 of tongue
- 3: Tongue coating covers more than 2/3 of tongue

- / : Sound tooth
- C : Untreated tooth
- : Treated tooth
- △ : Tooth requiring dental implant
- ⊗ : Dental implant in place of missing tooth
- × : Missing tooth not requiring dental implant

- * The symbol “—” cannot be used.
- * Symbols must be filled in for all teeth with no spaces left blank.
- * The symbol ⊗ should be used for pontics and artificial teeth.

Other remarks:

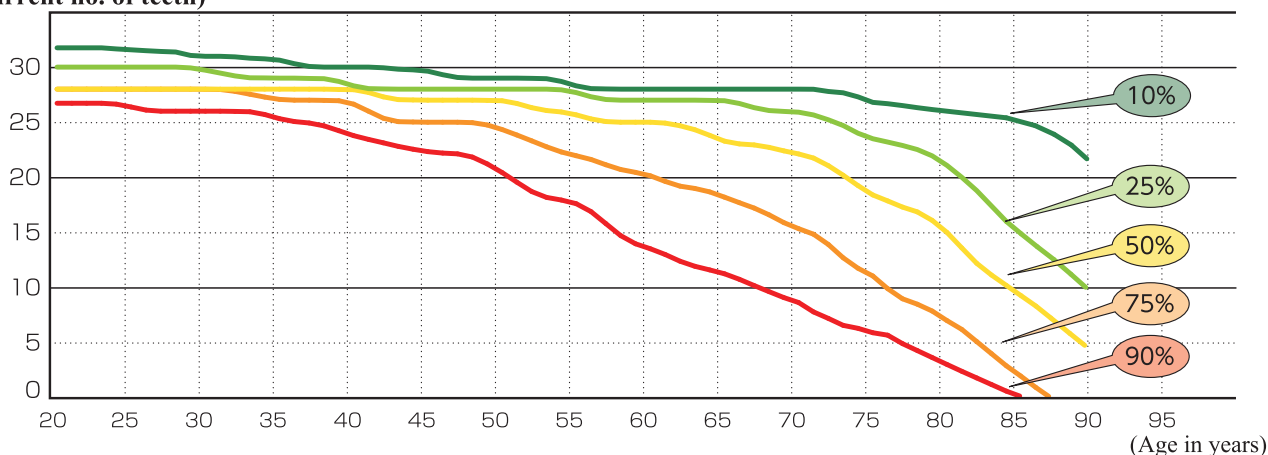
Current no. of teeth: teeth

(/) + (C) + (○)

5. Tongue / Lip functions

Times/Per second	
Good	Care required

6. Your current number of teeth and projected future number (Current no. of teeth)



7. Your oral health score(revised edition)

points out of 18

Name of medical institution:

Address:

Tel:

Name of dentist

I. Your results for this examination

- a. Your oral condition is good.
- b. You may have gingivitis/periodontitis.
- c. You may have dental caries.
- d. Part of a previously treated tooth “needs more work.”
- e. You may have problems in your tooth alignment, dental bite or the joints of your jaw.
- f. Your tongue is coated in a layer.
- g. You are suspected the problem of swallowing
- h. Other ()

II. Advice for your future “oral health”

- a. If you experience pain in your jaw, do not ignore it; consult with your regular dentist.
- b. If you have difficulty chewing with any of your teeth, do not ignore it; consult with your regular dentist.
- c. If you experience pain from your dentures when chewing, your dentures require adjustment.
- d. If there is a problem with your general state of health, it can have a negative effect on your oral health.
- e. If there is a problem with your oral health, it can also have a negative effect on your general state of health.
- f. Certain medicines can suppress the flow of saliva in your mouth.
- g. Pregnant women must take particular care with their oral health.
- h. Tongue coated in a layer relates salivary secretion and general condition



Take care with teir oral health during pregnancy to

III. Personal goals/advice for your future

This examination has been undertaken by the Tokyo Minato-ku Shiba Dental Association and Tokyo Minato-ku Azabu-Akasaka Dental Association (Public Interest Incorporated Association), commissioned by Minato Ward.

IV. Future goals for your “oral health”

Everyday oral healthcare habits

- 1 Continue your current habits.
- 2 Brush your teeth after eating.
- 3 Brush your teeth before going to bed.
- 4 Remove plaque by brushing in a way appropriate for your teeth.
- 5 Clean your tongue using gauze or tongue brush.
- 6 Use an interdental cleaning aid every day.
- 7 Examine the condition of your teeth, gums and tongue once a day.
- 8 Clean your dentures after eating too.



Check your teeth and gums once a day!



Clean your tongue too!



Brush your teeth!

Visiting your dental clinic

- 9 Get necessary treatment at your dental clinic.
- 10 Have tartar removed at your dental clinic.
- 11 Ask for instructions about techniques for cleaning your teeth.
- 12 Undergo dental examinations regularly.



Tooth maintenance is important

Alcohol and smoking

- 13 Drink alcohol only in moderation.
- 14 Cut down on smoking.
- 15 Quit smoking.



Don't drink too much

Diet

- 16 Maintain regular eating habits.
- 17 Be careful about eating between meals (sweet foods and drinks).
- 18 Take your time eating and chew your food well.



Enjoy your food

Other

- 19 Participate proactively in activities etc. in your local community.
- 20 Make effort to get out of the house.



Keep yourself healthy every day