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 __________________
- Heart murmur  Y  N __________________
- Other heart condition  Y  N __________________
- High blood pressure  Y  N __________________
- Diabetes  Y  N __________________
- Other heart condition  Y  N __________________
- Organ replacement  Y  N __________________
- Allergies to medicines  Y  N __________________
- Diabetes  Y  N __________________
- Other allergies  Y  N __________________
- Major illnesses  Y  N __________________
- Cancer  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)

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

Comments:
________________________________________________________________________________________

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.: ____________________

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