

Patient Name _____ Patient ID # _____

Date						
MUCOUS MEMBRANES/GUMS 0= Pink and moist with firm gums 1= Reddened/Oedema/Radiation Plaque 2= Ulceration/Bleeding						
COMFORT 0= Comfortable 1= Discomfort 2= Pain						
LIPS/CORNERS OF MOUTH 0= Smooth, pink, moist 1= Dry/Cracked 2= Ulcerated/bleeding 3= Herpes simplex						
CANDIDA/INFECTION 0= No 1= Yes						
TONGUE 0= Pink and moist 1= Coated 2= Blistered/Cracked						
TEETH/DENTURES 0= Clean, no debris 1= Loose teeth/ill fitting dentures 2= Debris 3= Caries						
SALIVA/DRY MOUTH 0= Watery 1= Thick or ropey 2= Absent/Dry mouth						
SWALLOW/CHEWING 0= Normal 1= Unable to swallow/chew normal diet 2= Unable to swallow soft diet 3= Unable to swallow fluids 4= Unable to swallow saliva						
Score= 0 Follow standard mouth care protocol + specific interventions for a healthy mouth. Score> 0 Follow standard mouth care protocol + refer to specific interventions & individual interventions.						
Signature (initials)						