

FORM 6-1.

Oral-facial Examination Form

Name: _____ Age: _____ Date: _____

Examiner: _____

Instructions: Check and circle each item noted. Include descriptive comments in the right-hand margin.

Evaluation of Face

Comments

_____ symmetry: normal/droops on right/droops on left _____

_____ abnormal movements: none/grimaces/spasms _____

_____ mouth breathing: yes/no _____

_____ other: _____

Evaluation of Jaw and Teeth

Tell client to open and close mouth.

_____ range of motion: normal/reduced _____

_____ symmetry: normal/deviates to right/deviates to left _____

_____ movement: normal/jerky/groping/slow/asymmetrical _____

_____ TMJ noises: absent/grinding/popping _____

_____ other: _____

Observe dentition.

_____ occlusion (molar relationship): normal/neuroclusion (Class I)/ distocclusion (Class II)/ mesiocclusion (Class III)/ _____

_____ occlusion (incisor relationship): normal/overbite/underbite/crossbite _____

_____ teeth: all present/dentures/teeth missing (specify) _____

_____ arrangement of teeth: normal/jumbled/spaces/misaligned _____

_____ hygiene: _____

_____ other: _____

Evaluation of Lips

Tell client to pucker.

_____ range of motion: normal/reduced _____

_____ symmetry: normal/droops bilaterally/droops right/droops left _____

_____ strength (press tongue blade against lips): normal/weak _____

_____ other: _____

FORM 6-1. Continued

Tell client to smile.

_____ range of motion: normal/reduced _____
_____ symmetry: normal/droops bilaterally/droops right/droops left _____
_____ other: _____

Tell client to puff cheeks and hold air.

_____ lip strength: normal/reduced _____
_____ nasal emission: absent/present _____
_____ other: _____

Evaluation of Tongue

_____ surface color: normal/abnormal (specify) _____
_____ abnormal movements: absent/jerky/spasms/writhing/fasciculations _____
_____ size: normal/small/large _____
_____ frenum: normal/short _____
_____ other: _____

Tell client to protrude the tongue.

_____ excursion: normal/deviates to right/deviates to left _____
_____ range of motion: normal/reduced _____
_____ speed of motion: normal/reduced _____
_____ strength (apply opposing pressure with tongue blade): normal/reduced _____
_____ other: _____

Tell client to retract tongue.

_____ excursion: normal/deviates to right/deviates to left _____
_____ range of motion: normal/reduced _____
_____ speed of motion: normal/reduced _____
_____ other: _____

Tell client to move tongue tip to the right.

_____ excursion: normal/incomplete/groping _____
_____ range of motion: normal/reduced _____
_____ strength (apply opposing pressure with tongue blade): normal/reduced _____
_____ other: _____

FORM 6-1. Continued

Tell client to move the tongue tip to the left.

_____ excursion: normal/incomplete/groping _____
_____ range of motion: normal/reduced _____
_____ strength (apply opposing pressure with tongue blade): normal/reduced _____
_____ other: _____

Tell client to move the tongue tip up.

_____ movement: normal/groping _____
_____ range of motion: normal/reduced _____
_____ other: _____

Tell client to move the tongue tip down.

_____ movement: normal/groping _____
_____ range of motion: normal/reduced _____
_____ other: _____

Observe rapid side-to-side movements.

_____ rate: normal/reduced/slows down progressively _____
_____ range of motion: normal/reduced on left/reduced on right _____
_____ other: _____

Evaluation of Pharynx:

_____ color: normal/abnormal _____
_____ tonsils: absent/normal/enlarged _____
_____ other: _____

Evaluation of Hard and Soft Palates:

_____ color: normal/abnormal _____
_____ rugae: normal/very prominent _____
_____ arch height: normal/high/low _____
_____ arch width: normal/narrow/wide _____
_____ growths: absent/present (describe) _____
_____ fistula: absent/present (describe) _____
_____ clefting: absent/present (describe) _____
_____ symmetry at rest: normal/lower on right/lower on left _____

FORM 6-1. Continued

_____ gag reflex: normal/absent/hyperactive/hypoactive _____

_____ other: _____

Tell client to phonate using /a/.

_____ symmetry of movement: normal/deviates right/deviates left _____

_____ posterior movement: present/absent/reduced _____

_____ lateral movement: present/absent/reduced _____

_____ uvula: normal/bifid/deviates right/deviates left _____

_____ nasality: absent/hypernasal _____

_____ other: _____

Summary of Findings: