

Oral Health Checklist for Health Practitioners & Patients

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Question	Possible Clinical Significance & Action
1. Do you have bleeding gums when brushing or flossing?	Chronic inflammation > periodontal(gum) assessment with dentist/hygienist
2. Do you have indentations of your teeth on your tongue or cheeks?	Bruxism and/or sleep-disordered breathing > night-time mandibular advancement/airway appliance or occlusal splint
3. Do you have a dry mouth or dry, cracked lips?	Chronic mouth breathing > Try Micropore tape or Myofunctional Therapy
4. Are your teeth sensitive to cold?	Bruxism and/or sleep-disordered breathing > night-time occlusal splint
5. Are your teeth sensitive to hot and cold?	Possible decay and inflamed nerve in tooth > comprehensive dental check-up
6. Do you wake through the night to go to the bathroom?	Mouth breathing and/or sleep-disordered breathing > try Micropore tape NOTE: can also reflect diabetes, enlarged prostate and a range of medications
7. Do you wake up with any headaches, neck aches, or jaw pain (lack of stability following chiropractic/osteopathic/physiotherapy treatments requiring regular visits every month or two)?	Bruxism and/or sleep-disordered breathing and/or poor sleeping posture > needs comprehensive oral biomechanical (occlusion & TMJ) assessment.
8. Do you or your partner snore?	Sleep-disordered breathing/obstructive sleep apnoea (OSA) > sleep study > night-time mandibular advancement/airway appliance or CPAP (continuous positive airway pressure)
9. Do you wake up feeling refreshed?	Sleep-disordered breathing/obstructive sleep apnoea (OSA) > sleep study > night-time mandibular advancement/airway appliance or CPAP (continuous positive airway pressure)
10. Do you have bad breath?	Most commonly, poor oral hygiene, possible decay or periodontal disease > comprehensive dental check-up
11. Do you have a metallic taste in your mouth?	Metal fillings, e.g. mercury/reflux/diet > comprehensive dental check-up > possible removal of mercury amalgam fillings using NHMRC guidelines

