|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Group session** | | | | | | | | | | |
| **Patient Group** | **Child** | | **Adolescent** | | **Adult** | | | **Log sheet Number:** | | |
| **Range:** | **Prevention of caries** | **Prevention and control of periodontal disease** | | **Prevention of further non carious tooth surface loss** | | **Care of removable prostheses** | **Care of orthodontic appliances** | | **Oral disease conditions affecting the oral cavity** | **OH maintenance in relation to advanced restorative care** |
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| **Group information: Oral Health Needs and Priorities and Entry Level Behaviour (K&S)** |
|  |
| **Aim of the oral health intervention** |
|  |
| **Expected Outcomes of the oral health intervention** |
| **By the end of this intervention and with further reinforcement and support, the individual will be able to:** |
| **Objectives** |
|  |

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| --- | --- | --- | --- |
| **Advice Given *(with reference to resources and evidence based information used)*** | | | |
|  | | | |
| **Outcome Evaluation *(describe methods used and outcomes)*** | | | |
|  | | | |
| Reflective Practice (*consider choice of delivery method and professional practice as an OHE)*  * ***What went well?***  *Problems encountered (if any) and how this might have been avoided?**Learning points**What will you do differently next time?* | | | |
|  | | | |
| **Evaluation of resources, materials and evidence based information used (*appropriateness for patient, validity, currency, reliability, accuracy, advantages and limitations)*** | | | |
|  | | | |
| Supervising Registrant’s comments | | | |
|  | | | |
| **Candidate signature** | **GDC Number** | **Supervising Registrant** | **GDC Number** |
| **Date** |  | **Date** |  |
| **Assessor Comments** | | | **Signature** |
|  | | | **Date** |