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| --- |
| **Individual session** |
| **Patient Group & Age** | **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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| **Medical/ Dental History** |
|  |
| **Patient Information: Current Oral Health Status, Oral Health Needs and Priorities** |
|  |
| **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 (1st initial session)** |
|  |
| **Advice Given *(with reference to resources and evidence based information used)*** |
|  |
| **Objectives (2nd review session)** |
|  |
| **Advice Given *(with reference to OH aids, resources and evidence based information used)*** |
|  |

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| **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** |