RISIO®
clear aligners

PATIENT CONSULTATION FORM

Patient History

Last Dental Visit

Complains of

History of Presenting Complaint

Have you been to see your GP in the past year?	Yes ☐	No ☐
Are you attending or receiving treatment from doctor, hospital, clinic or specialist?	Yes ☐	No ☐
Are you taking any medications (tablets, medications, drugs (please list)?	Yes ☐	No ☐

Patient Medical History

Are you or have you taken any steroids in the last two years?	Yes ☐	No ☐
Have you ever had a prolonged illness or been hospitalised?	Yes ☐	No ☐
Have you had any major/serious operations or radiation therapy?	Yes ☐	No ☐

Do you have or have you had any of the following?

Rheumatic fever	Yes ☐	No ☐	High blood pressure	Yes ☐	No ☐	Low blood pressure	Yes ☐	No ☐
Congenital heart lesion/cardiac pace-maker	Yes ☐	No ☐	Jaundice, hepatitis, liver disease	Yes ☐	No ☐	Hiatus hernia/stomach trouble	Yes ☐	No ☐
Heart attack/angina/ stroke	Yes ☐	No ☐	Asthma or hay fever	Yes ☐	No ☐	Epilepsy	Yes ☐	No ☐
Heart murmur	Yes ☐	No ☐	HIV/AIDS	Yes ☐	No ☐	Diabetes – Low blood sugar	Yes ☐	No ☐
Bone or joint disease	Yes ☐	No ☐	Pacemaker	Yes ☐	No ☐			

Have you ever had a bad reaction to local or general anesthetic?		
Have you ever had a bad reaction to antibiotics?	Yes ☐	No ☐
Have you ever had any allergies to medicines, substances or materials (i.e penecillin,rubber or latex)?	Yes ☐	No ☐
Do you suffer from blackouts or epilepsy?	Yes ☐	No ☐
Do you or any family member suffer from diabetes?	Yes ☐	No ☐
Do you bruise easily following any dental treatment, surgery or injury?	Yes ☐	No ☐
Do you drink alcohol, if so how many units per week?	Yes ☐	No ☐
Do you smoke tobacco, chew tobacco, pan/betel nut or similar products? If so, how many per day?	Yes ☐	No ☐
Have you previously smoked?	Yes ☐	No ☐
Are you pregnant or is it possible you could be pregnant?	Yes ☐	No ☐
Are you taking oral contraceptive pill?	Yes ☐	No ☐
Any other information about your medical history that may be important?	Yes ☐	No ☐

Examination

PART A – Extra-Oral

Facial Form	Square ☐		Tapering ☐		Ovoid ☐		
Facial Height	Long ☐		Medium ☐		Short ☐		
Profile	Prognathic ☐		Ortho ☐		Retro ☐		
Facial Asymmetry					Yes ☐	No ☐	
Skeletal Class	Class 1 ☐	Class 2 Div 1 ☐	Class 2 Div 2 ☐	Class 3 ☐			
Lipline at Rest	High ☐		Medium ☐		Low ☐		
At Maximum Smile	High ☐		Medium ☐		Low ☐		
Lip Shape	Full ☐		Average ☐		Collapsed ☐		
Muscle Tenderness			Extra-Oral ☐		Intra-Oral ☐		
Lymph Glands			Normal ☐		Enlarged ☐		
TMJ Function (Left)	Pain ☐		Crepitus ☐		Click ☐		
TMJ Function (Right)	Pain ☐		Crepitus ☐		Click ☐		
Mouth Opening			Restricted ☐		Unrestricted ☐		
Lateral Movement			Right:	mm	Left:	mm	
Deviation			Opening:	mm	Closed:	mm	
Path of Opening and Closure Notes:							

PART B – Soft Tissues

Upper Lip	Lower Lip	
Super Labial Frenum	Inferior Labial Frenum	Lingual Frenum
Tongue	Fauces	Uvula
Soft Palate	Hard Palate	
Glossopalatine Arch	Pharyngopalatin Arch	Palatine Tonsil
Gingivae		
Salivary Duct Orifices	Sublingual	Submanibular

PART C - Periodontal

BPE							
General Oral Hygiene	Poor ☐	Fair ☐	Good ☐	Excellent ☐			
Pockets	Yes ☐	No ☐					
Calculus	Yes ☐	No ☐					
Plaque	Yes ☐	No ☐					
BOP	Yes ☐	No ☐					
Periodontal Disease	Yes ☐	No ☐					

PART D - Dentition

Teeth Present	See Charting ☐			
Teeth Missing				
Extent of Restoration	None ☐	Slight ☐	Moderate ☐	Extensive ☐
Condition of Dentition	Poor ☐	Fair ☐	Good ☐	
Observations				

PART E - Prosthetic

Dentures			Yes ☐	No ☐
Upper	Full ☐	Partial Base ☐	Acrylic ☐	Metal ☐
Lower	Full ☐	Partial Base ☐	Acrylic ☐	Metal ☐
Bridge Work			Yes ☐	No ☐
Upper	PFM ☐	Metal ☐	Zirconia ☐	E.Max ☐
Lower	PFM ☐	Metal ☐	Zirconia ☐	E.Max ☐

PART F – Occlusal Static

Static Incisor Relationship	Class 1 ☐	Class 2 Div 1 ☐	Class 2 Div 2 ☐	Class 3 ☐
Open Bite	Yes ☐	No ☐	Extent	
Crossbite	Yes ☐	No ☐	Where	
Upper Arch Form	Crowding ☐	Spacing ☐	Rotations ☐	
Lower Arch Form	Crowding ☐	Spacing ☐	Rotations ☐	
Initial Assessment Stable			Yes ☐	No ☐

PART G – Occlusion Dynamic (Premature Contacts)

Protrusion	Anterior Guidance ☐	Posterior Guidance ☐	
Left Side Disclusion at WS	Canine Guide	Group Function	
Left Side Disclusion at NWS Contacts		Yes ☐	No ☐
Right Side Disclusion at WS	Canine Guide	Group Function	
Left Side Disclusion at NWS Contacts		Yes ☐	No ☐
Tooth-Wear	Physiological ☐	Pathological ☐	See Charting
Bruxism		Yes ☐	No ☐
Accessibility	Good ☐	Reasonable ☐	Difficult ☐

PART H - Aesthetics

Smile Mid-Line Shift	Yes ☐	No ☐	Describe				
Discoloured Teeth	Mottling ☐		Staining ☐				

PART I – Special Tests

Electrical Pulp Test	Cold ☐		Hot ☐		Percussion ☐		

PART J – X-Rays

PAs	Panoral		Lateral Ceph		CBCT		MRI Scan
Indications: Assessment of Bone Height	Width		Relative Density		Proximity to Adjacent Structures		
X-Rays Reports							

PART K – Other Diagnostics

Photographs						Yes ☐	No ☐
5 Intraoral Photographs							
Upper Occlusal ☐	Lower Occlusal ☐		Right Side ☐		Front ☐		Left Side ☐
3 Exraoral Photographs							
Front ☐	Left ☐		Right ☐				
Study Casts						Yes ☐	No ☐
Diagnostic Preview						Yes ☐	No ☐
Referral Needs							
Ortho ☐	Perio ☐	Endo ☐	Oral Surgery ☐		Med ☐		Other ☐

Treatment Considerations

Treatment Considerations /Advice/ Warnings / Notes

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