



Clinic name

Address · Phone · Licence no.

Orthodontic assessment record

The first orthodontic visit: concern, face and occlusion, then need, records and options.

Patient name File no. Date of birth
Phone Date Doctor
Age Referred by

Chief concern

In the patient's or parent's words

Who wants treatment ☐ Patient ☐ Parent ☐ Dentist

Medical history reviewed Past trauma or extractions

Habits

☐ Thumb or finger sucking ☐ Tongue thrust ☐ Mouth breathing
☐ Nail biting ☐ Bruxism ☐ Other:

Extra-oral

Profile ☐ Straight ☐ Convex ☐ Concave

Facial symmetry ☐ Symmetric ☐ Asymmetric:

Lower face height ☐ Average ☐ Increased ☐ Reduced

Lips ☐ Competent ☐ Incompetent

Smile line ☐ Low ☐ Average ☐ Gummy

TMJ ☐ Normal ☐ Click ☐ Pain ☐ Limited opening

Intra-oral

Dentition ☐ Primary ☐ Mixed ☐ Permanent

Oral hygiene ☐ Good ☐ Fair ☐ Poor

Incisor relationship ☐ I ☐ II/1 ☐ II/2 ☐ III

Overjet (mm) Overbite or open bite (mm)

Upper midline to face (mm, side) Lower to upper midline (mm, side)

Anterior crossbite (teeth) Displacement on closing

Relationship	Right	Left
Molar (I, II, III, by unit)		
Canine		
Posterior crossbite (teeth)		
Scissor bite		

Patient name Date

Teeth

Circle a missing tooth, cross an impacted one, write U on one not yet erupted, and note shape or size in the row.

Patient's right								Patient's left							
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Crowding and spacing

Arch	Crowding (mm)	Spacing (mm)	Severity	Notes
Upper			Mild · Moderate · Severe	
Lower			Mild · Moderate · Severe	

Treatment need

Dental health need, clinician's grading ☐ None or little ☐ Borderline ☐ Moderate ☐ Great

Patient's aesthetic concern, 1 to 10 Index your clinic uses, and grade

Records taken

- ☐ Extra-oral photos
- ☐ Intra-oral photos
- ☐ Panoramic (OPG)
- ☐ Lateral ceph
- ☐ CBCT
- ☐ Intra-oral scan
- ☐ Impressions and study models
- ☐ Bite registration

Problem list

Treatment options discussed

Option	Appliance	Extractions	Estimated duration	Retention	Notes
A	Fixed · aligners · removable · functional				
B	Fixed · aligners · removable · functional				
C	No treatment or monitor				

Option agreed Estimated duration (months)

Approximate number of visits Payment plan agreed

Consent

Consent to orthodontic treatment is recorded on its own form, signed by the patient or parent. Date signed:

Orthodontist's name and signature Date