The following checkboxes are available to assist in the initial evaluation of the client.

Oral-Peripheral Evaluation—Face

Face

A: The oral-peripheral evaluation indicated that the face was:

- □ Symmetrical- Normal
- \square Asymmetrical and droops to the right
- \square Asymmetrical and droops to the left
- □ Other Observations: _____

Movement/ Breathing

A: The following movement/ breathing patterns were also observed:

- □ Normal
- \square Grimaces/ abnormal movements/ tics
- \Box Mouth breathing
- \Box Audible inspiration
- \Box Tongue protrusion
- \Box Labored breathing
- Other Observations: _____

Tone

A: The facial tone was:

- 🗆 Normal
- □ Flaccid
- □ Mask-like
- □ Tense
- Other Observations: _____

Lips - Protrusion

A: Lips for a pucker (Protrusion) was:

- □ Symmetrical (even) Normal
- \square Asymmetrical (uneven) with a weakness on right (unilateral)
- \square Asymmetrical (uneven) with a weakness on left (unilateral)
- \square Asymmetrical (uneven) with a bilateral droop
- Other Observations: _____

Lips - Retraction

A: Lips for a smile (Retraction) was:

- □ Symmetrical (even) Normal
- \square Asymmetrical (uneven) with a weakness on right (unilateral)
- \square Asymmetrical (uneven) with a weakness on left (unilateral)
- \square Asymmetrical (uneven) with a bilateral droop
- □ Other Observations: _____

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Lips - strength

A: When asked to puff cheeks and hold air the lip strength was:

- \square Normal
- \square Weak/ reduced/ air escaped
- □ Other Observations: _____
- Normal

Nasal emission

A: Nasal emission was:

- \square Normal- not present
- \square Abnormal- nasal emission present
- □ Other Observations: _____

Drooling

A: Drooling was:

- \square Absent Normal
- \square Present Constant
- \square Present Intermittent
- Other Observations: _____

Oral-Peripheral Evaluation—Teeth

Teeth

A: The Teeth were:

- □ Normal
- □ Missing/ Edentulous -- ____ teeth present
- \Box Jumbled/ spaces/ misaligned/ crowded teeth
- \Box Chewing surfaces were adequate for all food textures
- \Box Chewing surfaces were inadequate for some food textures
- Other Observations: _____

Occlusion

- A: The Occlusion appeared to:
 - \square be Normal molars touch
 - \Box have an Underbite
 - \square have an Overbite
 - \square have a Crossbite
 - Other Observations: _____

Dentures

- A: The client wears dentures,
 - \Box they fit well
 - \Box they don't fit well
 - \square and client consistently wears them
 - \square and client doesn't consistently wear them
 - Other Observations: _____

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Oral Hygiene

A: The client's Oral Hygiene:

- \Box is Normal and independent
- \square Requires assistance
- \square is Poor and may contribute to poor health
- □ Other Observations: _____

Mucosa

- A: The client's Mucosa
 - □ is Healthy gingiva (scalloped, firm, knife-like margins, stippled texture)
 - □ is Diseased gingiva (inflammation, rolled margins, no stippling, gingiva is erythematous, edematous and/or painful)
 - Other Observations: _____

Saliva

A: The client's Saliva

- \square is Healthy watery, clear
- \square is Diseased thick, discolored yellow, green, black, red
- \square is Absent xerostomia dry mouth painful mouth
- Other Observations: _____

Oral-Peripheral Evaluation—Jaw

Mandibular Movement A: The evaluation of Mandibular Movement for:

Range of Motion

- \square was Normal
- \square was Reduced

Symmetry of Jaw

- □ was Normal
- \Box Deviates to the right
- \Box Deviates to the left

Movement of Jaw was

- \square Normal
- □ Jerky
- □ Groping
- \square Slow
- □ Asymmetrical

Tempromandibular Joint

A: Tempromandibular Joint (TMJ) Noises

- \square were Absent Normal
- \square included Grinding and/or Popping

Other Observations of the jaw:

Ū_____

Oral-Peripheral Evaluation—Palate

A: Evaluation of the Hard and Soft Palate indicated: Color

Color

- □ Normal color
- \square Abnormal color

Arch

- □ Normal arch
- \square High arch
- □ Low arch
- □ Wide arch
- □ Narrow arch

Growths

- \square No growths
- \Box Growths present
- \Box Location of growths _____

Fistula

- 🗆 No fistulas
- \Box Fistulas present
- \Box Location of fistulas _____

Cleft

- \square No clefts
- \square Repaired clefts
- \Box Location of repaired clefts _____
- \square Unrepaired clefts present
- □ Location of unrepaired clefts _____
- A: Soft Palate symmetry at rest was:
 - \square Normal (symmetrical) soft palate symmetry at rest
 - \square Bifid soft palate symmetry at rest
 - \square Asymmetrical uvula deviates to the right
 - \square Asymmetrical uvula deviates to the left
- A: Soft Palate symmetry on "Ah" was:
 - □ Normal (symmetrical) soft palate symmetry on "Ah"
 - \square Asymmetrical uvula deviates to the right on "Ah"
 - \square Asymmetrical uvula deviates to the left on "Ah"
- A: Nasality was:
 - \Box Normal
 - □ Hypernasal
 - □ Hyponasal

A: Gag Reflex was:

- □ Normal
- □ Hyperactive
- □ Hypoactive
- □ Absent

A: Other Observations of the palate: □ _____

Oral-Peripheral Evaluation—Tongue

A: Evaluation of the tongue indicated:

Tongue Size

- \square Normal tongue size
- \Box Large tongue size
- \square Small tongue size

Tongue Tone

- \square Normal tongue tone
- \square Flaccid tongue tone
- \square Fasciculations/spasms/writhing movements of the tongue

Color and Texture

- \square Normal color and texture
- \Box Coated
- \square Grooved
- □ White
- \square Red
- □ Ulcerated
- □ Pierced
- □ Bifurcated

Tongue

- A: The client's Tongue
 - \Box is Healthy (pink, moist)
 - \square is Diseased (coated, blistered, cracked, ridged)
 - \square is often protruding with open-mouth breathing
 - \square is protruding because of enlarged Adenoids
 - □ Other Observations: _____

Lingual Frenulum (the tissue that attaches the tongue to the floor of the mouth)

- \square Normal frenulum
- \square Short frenulum Tongue cannot protrude past lips
- □ Surgical history of frenulum:
- \square Bifurcated frenulum

A: Movement of the Tongue–Vertical (up/down) indicated:

- \square Normal range, movement, and speed
- \square Cannot move tongue tip up
- \square Cannot move tongue tip down
- \square Can move, but groping observed
- \Box Limited range
- \Box Limited speed

A: Movement of the Tongue—Horizontal (right/left) indicated:

- □ Normal range, movement, and speed
- \Box Cannot move tongue tip right
- \Box Cannot move tongue tip left
- \Box Can move, but groping observed
- □ Limited range
- \Box Limited speed

A: Movement of the Tongue—Protrusion/Retraction (in/out) indicated:

- □ Normal range, movement, and speed
- \Box Cannot move tongue tip out
- \Box Cannot move tongue tip in
- \square Can move, but groping observed
- □ Limited range
- \Box Limited speed
- □ Limited strength
- \square Bifurcates on protrusion

A: Other Observations of the tongue:

Insufficient movement to remove food particles from mouth

□ Tongue motility problems contribute to oral stage dysphagia

Tension Sites

Tension Sites

A: Musculature tension was evaluated at the following sites: Face

□ Facial tension present

 \Box Facial tension absent

Mandible

- □ Mandible tension present
- □ Mandible tension absent

Neck

- □ Neck tension present
- \square Neck tension absent

General Body

- \Box General body tension present
- □ General body tension absent

A: Other Observations of Tension Sites: