

ORAL MALODOR  
 History/Treatment Plan/Special Investigations  
 Date: \_\_\_\_\_

Name:	Age:	Gender:	ID No.:
-------	------	---------	---------

Is Oral Malodor associated with: - (1 to 8)

- Diet:**

<input type="checkbox"/> Meat/fish	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Anorexia
<input type="checkbox"/> Fruit/veg	<input type="checkbox"/> Vegan	<input type="checkbox"/> Bulimia
<input type="checkbox"/> Grain/cereal	<input type="checkbox"/> Fruitarian	<input type="checkbox"/> Gourmandise
<input type="checkbox"/> Dairy	<input type="checkbox"/> FAD	<input type="checkbox"/> Other Habits
- Odoriferous Foods:**

<input type="checkbox"/> Garlic	<input type="checkbox"/> Curry	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Chewing
<input type="checkbox"/> Onions	<input type="checkbox"/> Spices		<input type="checkbox"/> Smoking
<input type="checkbox"/> Leeks	<input type="checkbox"/> Alcohol		<input type="checkbox"/> Snuff
<input type="checkbox"/> Celery	<input type="checkbox"/> Chewing Gum		
	<input type="checkbox"/> Habits/Other		
- Health:**

<b>Upper respiratory tract diseases:</b>	<b>Lower respiratory tract diseases:</b>
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Rhinitis	<input type="checkbox"/> Bronchiectasis
<input type="checkbox"/> Pharyngitis	<input type="checkbox"/> Lobar
<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Abscess
<input type="checkbox"/> Laryngitis	<input type="checkbox"/> Neoplasia
<input type="checkbox"/> Infections	<input type="checkbox"/> Blood
<input type="checkbox"/> Other Habits	<input type="checkbox"/> Other
- Physiology:**

  - Food
  - Dehydration
  - Constipation
  - Menstruation
  - Morning breath
  - Starvation
- Pathology:**

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Drugs
<input type="checkbox"/> Liver	<input type="checkbox"/> Metabolic
<input type="checkbox"/> Kidney	
<input type="checkbox"/> Infections	
<input type="checkbox"/> Blood	
<input type="checkbox"/> G.I.T.	<input type="checkbox"/> Other: Specify _____
- Oral Condition:**

<input type="checkbox"/> Plaque	<input type="checkbox"/> Tonsils	<input type="checkbox"/> Mucosal condition
<input type="checkbox"/> Caries	<input type="checkbox"/> Palate	<input type="checkbox"/> Dentures <input type="checkbox"/> full <input type="checkbox"/> partial
<input type="checkbox"/> Periodontitis	<input type="checkbox"/> Sulcus	<input type="checkbox"/> Bridges <input type="checkbox"/> fixed <input type="checkbox"/> removable
<input type="checkbox"/> Pericoronitis	<input type="checkbox"/> Habits	<input type="checkbox"/> Orthodontic appliances
<input type="checkbox"/> Peri-implantitis	<input type="checkbox"/> Saliva flow	<input type="checkbox"/> Infections - specify
<input type="checkbox"/> ANUG	<input type="checkbox"/> quantity	<input type="checkbox"/> Tongue
<input type="checkbox"/> Calculus	<input type="checkbox"/> quality	<input type="checkbox"/> Neoplasia
<input type="checkbox"/> Supragingival	<input type="checkbox"/> Salivary glands	
<input type="checkbox"/> Subgingival		
- Psychological and social:**

<input type="checkbox"/> aware	<input type="checkbox"/> real	<input type="checkbox"/> concerned – score below VAS
<input type="checkbox"/> unaware	<input type="checkbox"/> delusional	<input type="checkbox"/> indifferent – score below VAS

informed by others? Yes/No Who? \_\_\_\_\_  
 Score 1-10 Visual- Attitude-Scale. VAS  
 Indifferent: 1.....2.....3.....4.....5.....6.....7.....8.....9.....10:  Over-concerned
- Patient commitment:**

YES/NO Does patient wish to reduce problem?  
 YES/NO Does patient realize what treatment is involved?  
 YES/NO Can patient afford time and frequency of appointments?  
 YES/NO Has patient made arrangement to meet professional obligation?

9. Presumptive Diagnosis:
- OZOSTOMIA            primary
  - STOMATODYSODIA    primary
  - HALITOSIS            primary
    - physiological
    - pathological
    - psychological
  - FETOR EX ORE        primary

10. Definitive Diagnosis and comment:

---



---



---



---

Summary:

MALODOR ASSESSMENTS: Visual analog scale by operator and patient

Date:	Operator	Patient	Halimeter®: Volatile Sulfur Compounds * (ppb)
PRETREATMENT:1.....5.....10	1.....5.....10	1.....5.....10	
MID-TREATMENT:1.....5.....10	1.....5.....10	1.....5.....10	
POST-TREATMENT:1.....5.....10	1.....5.....10	1.....5.....10	
none	worst	none	worst

SEE TREATMENT PLAN FOR CLINICAL MANAGEMENT

Oral Malodor investigations

1. IARTI/PSR/CPITN.....  perio chart
2. PI and BI.....  perio chart
3. Full mouth radiographs.....  clinic file
4. Periodontal workup and treatment.....  clinical charts
5. Decay: cavity definition.....  clinical charts
6. Restorations and prosthetic inspections.....  clinical charts
7. Tooth assessment and occlusal analysis.....  clinical charts
8. Vitality tests – non vital pulps.....  clinical charts
9. i) Culture of bacteria.....  note results
- ii) Antibiotic sensitivity testing.....  laboratory report
10. Occult blood analysis.....  laboratory report
11. \* Volatile sulfur compound detection.....  \* Halimeter®
12. Blood analysis.....  laboratory report
13. Kidney tests.....  laboratory report
14. Liver tests.....  laboratory report
15. Diabetes mellitus tests.....  laboratory report
16. Saliva analysis, buffering.....  laboratory report
17. Dietary analysis.....  10 day analysis & recommendations
18. Tobacco consumption assessment.....  separate form; quit programme
19. Candida cultures.....  specific antifungals
20. Bacterial infections.....  antibiotics
21. Oral Medicine Mucosal conditions.....  See specific O.M. file

