

FORM 6-1.

**Oral-Facial Examination Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner: \_\_\_\_\_

**Instructions:** Check and circle each item noted. Include descriptive comments in the right-hand margin.

**Evaluation of Fac**

**Comments**

\_\_\_\_\_ symmetry: normal/droops on right/droops on left \_\_\_\_\_

\_\_\_\_\_ abnormal movements: none/grimaces/spasms \_\_\_\_\_

\_\_\_\_\_ mouth breathing: yes/no \_\_\_\_\_

\_\_\_\_\_ other: \_\_\_\_\_

**Evaluation of Jaw and Teeth**

Tell client to open and close mouth.

\_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_

\_\_\_\_\_ symmetry: normal/deviates to right/deviates to left \_\_\_\_\_

\_\_\_\_\_ movement: normal/jerky/groping/slow/asymmetrical \_\_\_\_\_

\_\_\_\_\_ TMJ noises: absent/grinding/popping \_\_\_\_\_

\_\_\_\_\_ other: \_\_\_\_\_

Observe dentition.

\_\_\_\_\_ occlusion (molar relationship): normal/neuroclulsion (Class I)/ distoclusion (Class II)/  
mesiooclusion (Class III) \_\_\_\_\_

\_\_\_\_\_ occlusion (incisor relationship): normal/overbite/underbite/crossbite \_\_\_\_\_

\_\_\_\_\_ teeth: all present/dentures/teeth missing (specify) \_\_\_\_\_

\_\_\_\_\_ arrangement of teeth: normal/jumbled/spaces/misaligned \_\_\_\_\_

\_\_\_\_\_ hygiene: \_\_\_\_\_

\_\_\_\_\_ other: \_\_\_\_\_

**Evaluation of Lips**

Tell client to pucker.

\_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_

\_\_\_\_\_ symmetry: normal/droops bilaterally/droops right/droops left \_\_\_\_\_

\_\_\_\_\_ strength (press tongue blade against lips): normal/weak \_\_\_\_\_

\_\_\_\_\_ other: \_\_\_\_\_

FORM 6-1. Continued

Comments

Tell client to smile.

\_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_  
 \_\_\_\_\_ symmetry: normal/droops bilaterally/droops right/droops left \_\_\_\_\_  
 \_\_\_\_\_ other: \_\_\_\_\_

Tell client to puff cheeks and hold air.

\_\_\_\_\_ lip strength: normal/reduced \_\_\_\_\_  
 \_\_\_\_\_ nasal emission: absent/present \_\_\_\_\_  
 \_\_\_\_\_ other: \_\_\_\_\_

**Evaluation of Tongue**

\_\_\_\_\_ surface color: normal/abnormal (specify) \_\_\_\_\_  
 \_\_\_\_\_ abnormal movements: absent/jerky/spasms/writhing/fasciculations \_\_\_\_\_  
 \_\_\_\_\_ size: normal/small/large \_\_\_\_\_  
 \_\_\_\_\_ frenum: normal/short \_\_\_\_\_  
 \_\_\_\_\_ other: \_\_\_\_\_

Tell client to protrude the tongue.

\_\_\_\_\_ excursion: normal/deviates to right/deviates to left \_\_\_\_\_  
 \_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_  
 \_\_\_\_\_ speed of motion: normal/reduced \_\_\_\_\_  
 \_\_\_\_\_ strength (apply opposing pressure with tongue blade): normal/reduced \_\_\_\_\_  
 \_\_\_\_\_ other: \_\_\_\_\_

Tell client to retract tongue.

\_\_\_\_\_ excursion: normal/deviates to right/deviates to left \_\_\_\_\_  
 \_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_  
 \_\_\_\_\_ speed of motion: normal/reduced \_\_\_\_\_  
 \_\_\_\_\_ other: \_\_\_\_\_

Tell client to move tongue tip to the right.

\_\_\_\_\_ excursion: normal/incomplete/groping \_\_\_\_\_  
 \_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_  
 \_\_\_\_\_ strength (apply opposing pressure with tongue blade): normal/reduced \_\_\_\_\_  
 \_\_\_\_\_ other: \_\_\_\_\_

(continues)

### FORM 6-1. Continued

**Comments**

Tell client to move the tongue tip to the left.

- \_\_\_\_\_ excursion: normal/incomplete/groping \_\_\_\_\_
- \_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_
- \_\_\_\_\_ strength (apply opposing pressure with tongue blade): normal/reduced \_\_\_\_\_
- \_\_\_\_\_ other: \_\_\_\_\_

Tell client to move the tongue tip up.

- \_\_\_\_\_ movement: normal/groping \_\_\_\_\_
- \_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_
- \_\_\_\_\_ other: \_\_\_\_\_

Tell client to move the tongue tip down.

- \_\_\_\_\_ movement: normal/groping \_\_\_\_\_
- \_\_\_\_\_ range of motion: normal/reduced \_\_\_\_\_
- \_\_\_\_\_ other: \_\_\_\_\_

Observe rapid side-to-side movements.

- \_\_\_\_\_ rate: normal/reduced/slows down progressively \_\_\_\_\_
- \_\_\_\_\_ range of motion: normal/reduced on left/reduced on right \_\_\_\_\_
- \_\_\_\_\_ other: \_\_\_\_\_

#### **Evaluation of Pharynx:**

- \_\_\_\_\_ color: normal/abnormal \_\_\_\_\_
- \_\_\_\_\_ tonsils: absent/normal/enlarged \_\_\_\_\_
- \_\_\_\_\_ other: \_\_\_\_\_

#### **Evaluation of Hard and Soft Palates:**

- \_\_\_\_\_ color: normal/abnormal \_\_\_\_\_
- \_\_\_\_\_ rugae: normal/very prominent \_\_\_\_\_
- \_\_\_\_\_ arch height: normal/high/low \_\_\_\_\_
- \_\_\_\_\_ arch width: normal/narrow/wide \_\_\_\_\_
- \_\_\_\_\_ growths: absent/present (describe) \_\_\_\_\_
- \_\_\_\_\_ fistula: absent/present (describe) \_\_\_\_\_
- \_\_\_\_\_ clefting: absent/present (describe) \_\_\_\_\_
- \_\_\_\_\_ symmetry at rest: normal/lower on right/lower on left \_\_\_\_\_

FORM 6-1. Continued

Comments

\_\_\_\_\_ gag reflex: normal/absent/hyperactive/hypoactive \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

Tell client to phonate using /a/.

\_\_\_\_\_ symmetry of movement: normal/deviates right/deviates left \_\_\_\_\_  
\_\_\_\_\_ posterior movement: present/absent/reduced \_\_\_\_\_  
\_\_\_\_\_ lateral movement: present/absent/reduced \_\_\_\_\_  
\_\_\_\_\_ uvula: normal/bifid/deviates right/deviates left \_\_\_\_\_  
\_\_\_\_\_ nasality: absent/hypernasal \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

Summary of Findings: