

JP INSTITUTE MASTERSHIP CERTIFICATION CASE STUDY

Clinicians Name _____ Patient Number: _____

Subjective Data:

- Patient Chief Complaint: Brief description in patient's words**
- Health History**
 - Family History:
 - Social History and employment:
 - Diet and nutrition history/allergies
 - Past Dental History
- Risk Assessment /Systemic Variables**
 - Family history / genetics
 - Heart disease / stroke
 - High blood pressure
 - Diabetes: type
 - Auto Immune disease
 - Cancer
 - Heart murmur / artificial joints:
 - Pregnant
 - Birth control / hormone replacement:
 - Medications
 - Tobacco use: Type/Frequency
 - Stress: low /moderate /high
 - Quality of sleep: excellent /good / fair / poor

Objective Data:

- Clinical Assessment Data**
 - Physical Assessment/General personal hygiene
 - Vital Signs: BP, Pulse, Weight, BMI, Body Fat% or Waist Circumference
 - Intra-oral photos
 - Extra Oral Exam (Includes Cancer screening)
 - Intra Oral Exam: see attached- Includes Cancer Screening
 - Radiographic Findings:
 - Hard Tissue Findings:
 - Comprehensive Restorative Findings:
 - Occlusal and TMJ Findings:
 - Accretions and Plaque Index:
 - Caries Risk Assessment:
 - Oral Hygiene Behaviors:
 - Periodontal Findings:

- Periodontal Risk Assessment:
- Sleep Apnea Screening:
- Mallampati Airway Score

Lab Testing-

- Nutritional Screenings/Biophotonic Scan Score
- Cholesterol, Triglycerides- Lipid Profile
- Glucose
- A1C
- C-Reactive Protein
- Vitamin D
- Sleep Test
- MyPerioPath
- MyPerioID
- Alert 2
- OraRisk HPV
- OraRiskHSV
- OraRiskCandida
- Celsus One
- DNA DrugMap

Comprehensive Periodontal Charting

- Copy attached
- Periodontal Assessment:
 - Case type
 - Bone loss : early / moderate /severe
 - Tissue response/Bleeding Index: light /moderate / heavy /severe

Head and Neck Cancer Screening Technology : yes ___ no ___

- Results

Assessment:

Treatment Plan

- Restorative
 - Aesthetic
 - Periodontal Therapy/Guided Biofilm Therapy: number of visits
 - Adjunctive therapies/Medicaments/Antibiotics
 - Technologies
 - Nutrition and Health Counseling/In-Office or Referral
 - Physician/Specialist Referral
 - Stress Management
 - Co-Therapy
 - Medical Consultation Letters to specialists
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- **Co-therapy/Home Care/Personalized Plan**
 - Take home products and Patient Education

Full description of delivery of treatment for each appointment, assessments and tissue response progress report. Include patient education for each appointment.

Six Week Therapy Appointment: Describe entire appointment and results

- Full Mouth Charting and Tissue Response
- Goal Assessment for nutrition, stress and behavior modification progress
- Biofilm Threshold/Supportive Therapy Recommendations
- Specialist Referral
- Physician Communication/Reports
- Additional Recommendations
- Patient Attitude and Response
- Interval Recommendations for Supportive Therapy