

# SMILING 32 DENTAL HOSPITAL

## ORAL ULCER PATIENT:

### \*Patient Information:\*

- Full Name: \_\_\_\_\_
- Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Other - Date of Birth: \_\_\_\_\_
- Contact Number: \_\_\_\_\_ - Date of Examination: \_\_\_\_\_

### \*Chief Complaint:\*

- What is your primary concern or symptom?  
\_\_\_\_\_
- When did the ulcer first appear?  
Date/ Since: \_\_\_\_\_
- Have you experienced any similar ulcers in the past?  
☐ Yes ☐ No - If yes, when? \_\_\_\_\_
- Location of ulcer(s):  
☐ Tongue ☐ Lips ☐ Gums ☐ Cheeks ☐ Palate ☐ Other: \_\_\_\_\_

### \*Medical History:\*

1. \*Are you currently under the care of a physician for any medical conditions?\*
- ☐ Yes ☐ No -If yes, please specify: \_\_\_\_\_
2. \*Do you have any known allergies (medications, latex, food, etc.)?\*
- ☐ Yes ☐ No - If yes, list allergies: \_\_\_\_\_
3. \*Current Medications:\*
- ☐ None - If yes, list medications: \_\_\_\_\_
4. \*Past Medical Conditions (check all that apply):\*
- ☐ Diabetes - ☐ Hypertension - ☐ Autoimmune disorders (e.g., lupus, rheumatoid arthritis) - ☐ Gastrointestinal disorders (e.g., Crohn's disease, celiac disease) - ☐ Respiratory problems - ☐ HIV/AIDS - ☐ Cancer or chemotherapy/radiation therapy
- ☐ Other: \_\_\_\_\_
5. \*Do you smoke or use tobacco products?\*
- ☐ Yes ☐ No
6. \*Do you consume alcohol or drugs (recreational)?\*
- ☐ Yes ☐ No
7. \*Have you ever been diagnosed with or experienced:\*
- ☐ Oral thrush (yeast infection in the mouth) - ☐ Herpes simplex (cold sores) - ☐ Vitamin or mineral deficiency (e.g., B12, iron) - ☐ Recurrent aphthous ulcers (canker sores) - ☐ Any other relevant condition: \_\_\_\_\_

## \*History of Present Illness:\*

1. \*What are the characteristics of your ulcer(s) (check all that apply):\*

- ☐ Painful ☐ Painless - ☐ White or yellow center - ☐ Red border - ☐ Bleeding - ☐ Increasing in size
- ☐ Single ulcer - ☐ Multiple ulcers

2. \*Have you experienced any of the following symptoms:\*

- ☐ Swelling in the mouth - ☐ Difficulty eating - ☐ Difficulty speaking - ☐ Burning sensation - ☐ Bad taste or smell in the mouth - ☐ Fever - ☐ Fatigue - ☐ Weight loss - ☐ Other: \_\_\_\_\_

3. \*Do you recall any specific triggers before the ulcer appeared (check all that apply):\*

- ☐ Trauma to the mouth (e.g., biting the cheek, sharp food) - ☐ Stress or anxiety - ☐ Allergic reaction
- ☐ Recent illness or infection - ☐ Medication changes - ☐ Nutritional deficiency - ☐ Smoking or alcohol use
- ☐ Hormonal changes (e.g., menstruation) - ☐ Use of toothpaste/mouthwash containing sodium lauryl sulfate
- ☐ Other: \_\_\_\_\_

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## Dietary History:

1. \*Have you noticed any foods or drinks that worsen the ulcer(s)?\*

- ☐ Yes ☐ No - If yes, specify: \_\_\_\_\_

2. \*Do you follow any specific diet (vegetarian, vegan, gluten-free, etc.)?\*

- ☐ Yes - ☐ No - If yes, specify: \_\_\_\_\_

3. \*Do you take any vitamins or supplements?\*

- ☐ Yes ☐ No - If yes, list: \_\_\_\_\_

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## \*Physical Examination:

1. **General Appearance:**

- Level of distress: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Signs of dehydration: ☐ Yes ☐ No
- Vital Signs (if relevant):
- Temperature: \_\_\_\_\_

2. **Oral Examination:**

- **\*Ulcer Characteristics:\***

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- Number of ulcers: \_\_\_\_\_ - Size: \_\_\_\_\_ mm/cm Location: \_\_\_\_\_

- Color: ☐ Red ☐ White ☐ Yellow - Pain on palpation: ☐ Yes ☐ No

- Surrounding tissue: ☐ Swollen ☐ Normal

- **Gingiva (Gums):** - Color: ☐ Normal ☐ Red ☐ Swollen ☐ Bleeding

- **Tongue:** - Coating: ☐ Yes ☐ No - Swelling: ☐ Yes ☐ No - Fissures: ☐ Yes ☐ No

- **Salivary Glands:** - Dry mouth (xerostomia): ☐ Yes ☐ No - Salivary flow: ☐ Normal ☐ Reduced

- **Teeth:** - Decay or damage: ☐ Yes ☐ No - Plaque or calculus buildup: ☐ Yes ☐ No

3. **Neck Examination:** - Lymph node swelling: ☐ Yes ☐ No

- If yes, location: \_\_\_\_\_

4. **\*Other Relevant Findings:\***

\_\_\_\_\_

**\*Provisional Diagnosis:\*** \_\_\_\_\_

**\*Plan:\***

1. **\*Immediate Management (check all that apply):\***

- ☐ Topical analgesics (e.g., mouth gel, ointment) - ☐ Antimicrobial mouthwash

- ☐ Dietary advice (e.g., avoid spicy/acidic foods) - ☐ Oral hygiene recommendations

- ☐ Blood tests (e.g., B12, iron levels) - ☐ Referral to a specialist (e.g., dermatologist, gastroenterologist)

- ☐ Biopsy (if suspicious for malignancy)

2. **\*Follow-up Appointment:\***

- Date: \_\_\_\_\_

- Reason for follow-up: \_\_\_\_\_.