

Gingivitis/Periodontitis Diagnosis Form

Name _____

Date _____

We have advised you this date that you have Gingivitis or Early/Moderate/Advanced Periodontitis.
You have been informed that periodontal pockets are indicators of this disease.

You have been told you have the following:

_____ Bleeding Points (Total #)
_____ 3 mm Pockets
_____ 4 mm Pockets
_____ 5-6 mm Pockets
_____ 7 mm Pockets or Deeper
_____ Areas of Recession

I understand that Periodontal Disease is progressive and that failure to treat the disease may result in the eventual loss of my teeth. I also understand that evidence now links periodontal (gum) disease to a variety of health concerns including Heart Disease, Stroke, Diabetes, and other degenerative diseases that are life threatening.*

I understand my treatment recommendations and that it will not cure this disease but will attempt to control the disease process from causing more destruction to my gum and bone tissues.

I also understand that I must become an active part in my disease control in order to arrest the disease process. The Doctor and Hygienists cannot control the disease by themselves.

I understand that periodontal disease is progressive and that failure to treat the disease may result in acute illness and eventual loss of teeth.

Patient's Signature

Date

Clinician's Signature

Date

*American Academy of Periodontology 2000