

Patient Status Profile (PSP)

Primary responsibility: Clinician/Surgeon or Oral Hygienist/Nurse/Dental Assistant

Timing: At recall visit

Location: Chairside

Patient/date:

	Established factors		Potential factors	
Oral health factors	<input type="checkbox"/> Yes	clinical signs of peri-implant pathology	<input type="checkbox"/> Yes	erosive lichen planus
	<input type="checkbox"/> No		<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	radiographic signs of peri-implant pathology	<input type="checkbox"/> Yes	mobile peri-implant mucosa
	<input type="checkbox"/> No		<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	history of periodontitis	<input type="checkbox"/> Yes	history of peri-implantitis or previous implant loss
	<input type="checkbox"/> No		<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	marginal and/or periapical periodontitis	<input type="checkbox"/> Yes	dry mouth syndrome (xerostomia)
	<input type="checkbox"/> No		<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	overload and/or parafunction		
	<input type="checkbox"/> No			
General Health factors	<input type="checkbox"/> Yes	head and neck radiotherapy	<input type="checkbox"/> Yes	systemic bone diseases and conditions
	<input type="checkbox"/> No		<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	chemotherapy	<input type="checkbox"/> Yes	history of autoimmune disease(s)
	<input type="checkbox"/> No		<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	diabetes Type II
			<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	polymedication
			<input type="checkbox"/> No	
Behavioural factors	<input type="checkbox"/> Yes	Poor oral hygiene	<input type="checkbox"/> Yes	heavy alcohol consumption
	<input type="checkbox"/> No		<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	Heavy smoking	<input type="checkbox"/> Yes	detrimental life events
	<input type="checkbox"/> No		<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	stress or depression
			<input type="checkbox"/> No	

This checklist shall not substitute appropriate medical verification prior to the intended procedure and shall be used as an additional informative tool only. FOR does not make any representation as to the accuracy, fitness or completeness of the checklist.