



Clinicians' Evaluation

Clinicians' Name:

GDC Ref no:

The purpose of this evaluation is to:

1. Compare your patients' perceptions of their oral health with your clinical findings at their checkup.
2. Use that information to inform and guide your preventative advice and discussion.
3. Evaluate the usefulness of the tips and techniques that were discussed during the programme to help facilitate your patient communications

To complete this form you will need 10 completed Patient Questionnaires.

Patients' susceptibility to caries

Please indicate how close your patients' perceptions of their susceptibility were to your own clinical findings using the scale indicated below.

Patient name	Very Close				Not at all
	1	2	3	4	5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patients' susceptibility to periodontal disease

Please indicate how close your patients' perceptions of their susceptibility were to your own clinical findings using the scale indicated below.

Patient name	Very Close				Not at all
	1	2	3	4	5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Preventative Advice

How did you change your patients' perception in delivering your preventative advice?

Patient communication tips and techniques

What tips and techniques did you find most useful in your patient consultation?

Each completed set of 10 patient questionnaires and your corresponding evaluation form will qualify you for 4 hours of verified CPD. A certificate for which, will be forwarded on receipt of the papers.

Please post free to:

Colgate Oral Health Month, September 2006 CPD Programme, FREEPOST NAT6798, ROCHDALE, OL11 3ZA

Each complete entry will be automatically entered into a Grand Prize Draw for £750 of dental materials or equipment.

Competition rules: 1. The competition is open to all UK registered dental professionals who have participated in the 'Effective Patient Communication' Colgate CPD Programme. 2. The competition is not open to anyone connected with Colgate Palmolive, their servants or agents. 3. Closing date: entries should arrive no later than the close of business Friday 20th October 2006. 4. Proof of posting is not proof of receipt of entry. 5. Damaged, illegible or incomplete entries will be disqualified. 6. Entries should be submitted on the Colgate Oral Health Month Clinicians' Evaluation sheets. Please clearly mark your name and GDC number on the Clinicians' Evaluation sheet. 7. Postage is Free. Entries should be addressed to Colgate Oral Health Month, September 2006 CPD Programme, FREEPOST NAT6798, ROCHDALE, OL11 3ZA. 8. Colgate reserves the right to retain all entries and where appropriate reserves the right to use all entries for promotional purposes. 9. The prize draw will take place on Monday 23rd October 2006 and will be held at the Colgate Head Office in Guildford, Surrey. 10. The judges' decision is final, and no correspondence will be entered into. 11. The winning dental professional will be notified by telephone or post by the 27th October 2006. The result will be available from 30th October 2006 by sending a S.A.E. to the competition address. 12. The prize will be in the form of a voucher redeemable against £750 of dental equipment from a UK dental wholesaler and will be awarded to one winning dental professional.

Data Protection: We may want to send you information about other Colgate products and services in the future. Please tick this box if you do **not** wish us to send you information.