Dry mouth (Xerostomia) RFC

Name:	
Claim #:	
Date of Injury:	
Please Print Name of Medical Evaluator:	
Medical Specialty:	
Does the applicant present with dry mouth? ☐ Yes ☐ No ☐ Other:	
If, yes, is there a reasonable medical probability that applicant's medication use caused dry mouth? ☐ Yes ☐ No ☐ Other	

If it is medically probable that the applicant suffers from any of the following conditions due to dry mouth?

- Gingivitis (gum disease): ☐ Yes ☐ No ☐ Other:
- Tooth decay: ☐ Yes ☐ No ☐ Other:
- Mouth infections, such as thrush: ☐ Yes ☐ No ☐ Other:
- Hard to wear dentures: ☐ Yes ☐ No ☐ Other:
- Pease list other conditions, if any:_____

If the applicant has been diagnosed with dry mouth please determine his or her symptoms, if any:

- A sticky, dry feeling in the mouth: ☐ Yes ☐ No ☐ Other:
- Frequent thirst: ☐ Yes ☐ No ☐ Other:
- Sores in the mouth; sores or split skin at the corners of the mouth; cracked lips: ☐ Yes ☐ No ☐ Other:
- A dry feeling in the throat: ☐ Yes ☐ No ☐ Other:
- A burning or tingling sensation in the mouth and especially on the tongue: ☐ Yes ☐ No ☐ Other:
- A dry, red, raw tongue: ☐ Yes ☐ No ☐ Other:
- Problems speaking or trouble tasting, chewing, and swallowing: ☐ Yes ☐ No ☐ Other:
- Hoarseness, dry nasal passages, sore throat: ☐ Yes ☐ No ☐ Other:
- Bad breath: ☐ Yes ☐ No ☐ Other:
- Pease list any other symptoms, if any:_____

If applicant's dry mouth caused tooth decay please describe how many teeth were affected and what proceedures where performed to correct the problem:_____

As a result of applicant's dry mouth please estimate the frequency/duration of the following symptoms over the course of an 8 hour day:

	Not at all	**Rarely**	**Occasionally**	**Frequently**	**Continuously**

		1-5% day	up to 1/3rd day	1/3rd to 2/3rd day	2/3rd day or more
Sticky, dry feeling in the mouth					
Frequent thirst					
Sores in the mouth; sores or split skin at the corners of the mouth; cracked lips					
Dry feeling in the throat					
Burning or tingling sensation in the mouth and especially on the tongue					
Dry, red, raw tongue					
Problems speaking or trouble tasting, chewing, and swallowing					
Hoarseness, dry nasal passages, sore throat					
Bad breath					

If applicant's dry mouth results in frequent thrist please estimate how often he or she will consume fluids to conteract the thrist? Approximately every (minutes):

<5 min	5-10	10-15	15-20	20-30	30-45	45-50	Other:

One cup equals eight fluid ounces. A pint of liquid contains two cups, or 16 fluid ounces. Estimate # of fluid ounces <u>each hour</u> applicant likely to drink:	1-4 oz.	4-8 oz.	8-16 oz.	16-20 oz.	20-24 oz.	24-28 oz.	28-32 oz.	Other:

a. Is it medically probable that applicant will have to take unscheduled breaks to urinate due to increased fluid consumption throughout the day? ☐ Yes ☐ No ☐ Other:

b. Please estimate how often applicant may have to urinate due to increased fluid consumption?

If applicant's dry mouth includes <u>problems speaking</u> is it medically probably that speech may be interrupted occationally and unpredictably due to symtpoms such as coughing, consuming fluids, or the dry condtion of the mouth? ☐ Yes ☐ No ☐ Other:

Please describe any other limitations or difficulties relaed to dry mouth not considered above:

_____

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the report accurately describes the information provided to me and except as noted herein, that I believe it to be true. I also declare under the perjury that this physician has no violated section 139.3 of the Labor Code.

My opinions are expressed to a degree of medical probability, unless otherwise stated.

Signature of Physician_____ Date _____