Oral and oropharyngeal cancer screening checklist

Extra oral screening	Intra oral screening	Oropharynx
☐ Overall appearance	☐ Labial mucosa	☐ Soft palate
☐ Gait	☐ Vestibule	☐ Uvula
☐ Balance	☐ Buccal mucosa	☐ Posterior 1/3 of tongue
☐ Skin	☐ Parotid gland	☐ Posterior base of tongue
☐ Hairline/Scalp	☐ Gingiva	☐ Palatine tonsils
☐ Facial asymmetry	☐ Floor of mouth	☐ Anterior pharyngeal walls
☐ Eyes	☐ Frenum	☐ Posterior pharyngeal walls
☐ Ears	☐ Hard palate	
☐ Nose	☐ Retromolar trigone	
☐ Lips/Vermillion border	☐ Tongue	
☐ Parotid gland		
☐ TMJ		
☐ Lymph nodes		
☐ Thyroid gland/Swallow		
☐ Voice quality		
☐ Unexplained weight loss		

Tonsil evaluation score:
I, II, III, IV

Mallampati score:
I, II, III, IV

Abnormality (description) ____

Fluorescence findings (if any) ____

Return to re-evaluate (when)____

Refer to specialist (who)____

Unable to fully examine (which area)____

Reason ____