



Dental Information

Patients Name _____
Last First Middle Nickname

Correct answers to the following questions will allow your dentist to treat you on a more individual basis, providing the care appropriate for your particular needs. Your answers are for our records only and will be considered confidential.

Are you having any discomfort at this time? Yes No

Have you ever had any serious trouble associated with previous dentistry? Yes No

Does dental treatment make you nervous? No Slightly Moderately Extremely

Date of last visit? _____

Have you ever been treated for periodontal disease (gum disease, pyorrhea, trench mouth)? Yes No

How often do you brush? _____ Brush is: Soft Medium Hard

Do you have or have ever had any of the following:

MOUTH

Bleeding, sore gums Yes No

Unpleasant taste/bad breath Yes No

Burning tongue/lips Yes No

Frequent blister, lips/mouth Yes No

Swelling/lumps in mouth Yes No

Ortho treatments (braces) Yes No

Biting cheeks/lips Yes No

Clicking/popping jaw Yes No

Difficulty opening/closing jaw Yes No

Have tired jaws Yes No

TEETH

Loose teeth Yes No

Sensitive to hot Yes No

Sensitive to cold Yes No

Sensitive to sweets Yes No

Sensitive to biting Yes No

Food impaction Yes No

Clenching/grinding Yes No

Shifting in bite Yes No

Change in bite Yes No

Headaches Yes No

Facial pain Yes No

Do you use the following?

Toothbrush Yes No

Dental floss Yes No

Flouride rinse Yes No

Other _____

Do you feel you will eventually wear artificial dentures? Yes No

What is the reason for your visit today? _____

Do you have a preference for Local Anesthesia Nitrous Oxide Other _____

These are the things that are important to me about my dental health: _____

What do you fear most about dental care? _____

Circle one letter on each:

1. My mouth is

- A) very comfortable
- B) moderately comfortable
- C) unfomfortable

2. I A) think the appearance of my mouth is excellent
B) am satisfied with the appearance of my mouth
C) am dissatisfied with my appearance of my mouth

3. I A) will do anything to keep my natural teeth
B) want to keep my teeth, but have a certain budget of time and money that I am willing to spend

4. I A) have set goals for my health with a previous dentist
B) want to set goals concerning my dental health

5. I A) have always done the best that was recommended for my dental health
B) have not done what my dentist have recommended to me
C) rarely go, and don't care much about having any dental work completed

6. I A) have put dentistry for myself and family high on my priority list
B) put dentistry for myself and my family low on my priority list
C) dentistry is on my list but it's hard to find

7. I think my present state of health is
A) Excellent
B) Good
C) Poor

What are some questions about dentistry and oral health that you never had adequately answered? _____