

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

MOUTH

Bleeding/sore gums Y N
 Unpleasant taste/bad breath Y N
 Burning tongue/lips Y N
 Frequent blisters (lips/mouth) Y N
 Swelling/lumps in mouth Y N
 Ortho Treatment (braces) Y N
 Biting cheeks/lips Y N
 Clicking/popping jaw Y N
 Difficulty opening/closing jaw Y N

TEETH

Loose teeth Y N
 Sensitive to hot Y N
 Sensitive to cold Y N
 Sensitive to sweets Y N
 Sensitive to biting Y N
 Food impaction Y N
 Clenching/grinding Y N
 if so when _____
 Shifting/change in bite Y N

Please circle one answer for each category:

PRESENT DENTAL CONDITION

Do you now have any discomfort? None Some A lot
 I feel my teeth are: Very Healthy Some disease/decay In poor shape
 I feel the appearance of my mouth is: Excellent Satisfactory Unsatisfactory
 I would like to improve the health/appearance of my mouth Very much Somewhat Not much

PAST DENTAL CARE

Name of previous dentist _____ Address _____ Phone _____
 Date of last visit _____ Date of last x-rays _____

In the past I have gone to the dentist * Regularly Occasionally Emergencies
 I have followed my dentist's recommendations Regularly Occasionally Rarely
 The last dental treatment I received was for Exam/Cleaning
 Filling/other restorations
 Emergency care
 I have had problems or pain with past dentistry No Yes/Moderate Yes/Serious
 Dentistry for me and family is High priority Moderate Low

HOME CARE

I brush my teeth twice/more a day once per day not regularly
 I floss my teeth once a day occasionally rarely/never

FEELINGS ABOUT DENTAL CARE

The thought of dental care makes me Not nervous Somewhat nervous very nervous

My greatest fear about dental treatment is Discomfort/pain Expense Time it takes

The kind of dental care I want now is Highest level of dental health Adequate maintenance Emergency only

What are some questions about dental care that have not been answered for you? _____

What did you dislike about your past dental care/dental office? _____

What things have you appreciated about your past dental care/dental office? _____