

Dental Health History/Questionnaire

Ancient philosophers felt that there were four driving forces in a person's life. Those were Comfort, Function, Appearance and Longevity. We have found over the years this also is true for our patients and their dental health. Please take a couple minutes and answer the following questions. Knowing this will help us help you address your goals and concerns for your dental health.

What is your main concern today? _____

Are you currently in any pain or discomfort? Y N

Describe: _____

On a scale of 1-10 please circle how important these are to you, with 1 being not very to 10 very important.

Comfort: 1 2 3 4 5 6 7 8 9 10

Function: 1 2 3 4 5 6 7 8 9 10

Appearance: 1 2 3 4 5 6 7 8 9 10

Longevity: 1 2 3 4 5 6 7 8 9 10

How would you rate your dental health? 1 2 3 4 5 6 7 8 9 10

How happy are you with your dental health? 1 2 3 4 5 6 7 8 9 10

How happy are you with your smile? 1 2 3 4 5 6 7 8 9 10

Do you experience anxiety or nervousness during dental visits? Severe Moderate Slight None

Did you grow up seeing a Dentist regularly? Y N

How often do you now see a Dentist for regular cleanings and checkups? _____

Date of last dental visit: _____ Reason: _____

Do you have or have you ever experienced any of the following? Please circle if yes:

- | | |
|-----------------------------------|---------------------------------|
| a) Bleeding gums | f) Loose Teeth |
| b) Sore gums | g) Food impaction between teeth |
| c) Bad breath | h) Change in the bite |
| d) Clicking or popping of the jaw | i) Braces |
| e) Difficulty opening or closing | j) Clenching or grinding |
| f) Hot or Cold Sensitivity | |

Preventive Care:

Do you use the following?

Toothbrush Y N How Often? _____

Floss Y N How Often? _____

Mouth rinse Y N How Often? _____