

# Dental Questionnaire

Date of last dental visit \_\_\_/\_\_\_/\_\_\_  
 What was done at that time? \_\_\_\_\_

Date of last dental x-rays \_\_\_/\_\_\_/\_\_\_  
 May we request your previous records?  Yes  No  
 Doctors Name \_\_\_\_\_ ph # (\_\_\_\_) \_\_\_ - \_\_\_\_\_

Why did you leave your last dentist? \_\_\_\_\_  
 What did you like most about your last dentist? \_\_\_\_\_  
 What did you like least about your dentist? \_\_\_\_\_

Have you had a serious or difficult problem with any previous dental treatment?  Yes  No  
 If so, explain: \_\_\_\_\_

Does dental treatment make you nervous?  Yes  No  
 How much? \_\_\_\_\_

Do you have a current dental problem?  Yes  No  
 Please describe \_\_\_\_\_

What are you expecting to have done today? \_\_\_\_\_

**TEETH**

Are your teeth sensitive to cold, hot, sweets, or pressure?  Yes  No Where? \_\_\_\_\_

Do you have any broken teeth?  Yes  No Where? \_\_\_\_\_

Do you wear a removable dental appliance?  Yes  No How old? \_\_\_\_\_

Have you ever had orthodontic (braces) treatment?  Yes  No When? \_\_\_\_\_

**BITE**

Do you clench or grind your teeth?  Yes  No

Do you have clicking or popping in your jaw?  Yes  No

Do you have a persistent headache, earache, or neck pain?  Yes  No

Have you ever been treated for TMD (TMJ)?  Yes  No  
 If yes, how? \_\_\_\_\_

**GUM AND BONE**

Do you brush?  Yes  No

Do you floss?  Yes  No

Do you use an irrigation device (waterpic ®)?  Yes  No

**EVIDENCE OF INFECTION**

Do your gums bleed when you brush?  Yes  No

Do you have a bad taste or odor in your mouth?  Yes  No

Do you have loose teeth?  Yes  No

Have you ever been treated for periodontal disease?  Yes  No  
 If yes, when? \_\_\_/\_\_\_/\_\_\_

**COSMETICS**

Would you like your teeth whiter?  Yes  No

Would you like them straighter?  Yes  No

Would you like them shaped differently?  Yes  No

How do you feel about the appearance of your teeth? \_\_\_\_\_  
 \_\_\_\_\_

Is there anything else you would like to tell us about your dental condition? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_