Dental Questionnaire

Name: _____ Date: _____

Please answer the following questions to help us understand your unique perspectives, priorities, and concerns. You can be assured this information is held in confidence.

1. Date of last dental visit: _____ Previous Dentist: _____
2. Reason for leaving: _____
3. Have you ever taken an anti-biotic prior to dental treatment? ☐ Yes ☐ No
4. Have you ever had any problem associated with dental anesthetic? ☐ Yes ☐ No
5. Are you accustomed to seeing a dentist on a regular basis? ☐ Yes ☐ No
6. Please rate your comfort level with receiving dental treatment:
   ☐ No Problem ☐ Slight ☐ Moderate ☐ Wild Horses Have to Drag Me In
7. Please describe any problems you have had with past dental experiences: _____
   _____
   _____
8. What is your immediate dental concern? _____
   _____
   _____
9. There are some things that are important about my dental health and appearance: _____
   _____
   _____
10. How do you care for your mouth? _____

Please circle the appropriate answer to the following conditions. C=Current P=Past N=Never

Bleeding Gums	Never	Orthodontics (Braces)	Never	Food Trap	Never
Unpleasant Taste/Bad Breath	Never	Biting Cheeks/ Lips	Never	Clenching/ Grinding	Never
Blisters on Lips or Mouth	Never	Loose Teeth	Never	Shifting or Changing Bite	Never
Swelling/ Lumps	Never	Sensitivity to Hot/Cold	Never	Cavities/ Tooth Decay	Never
Clicking/ Popping Jaw	Never	Sensitivity to Sweets	Never	Burning Tongue/ Lips	Never
Difficulty Opening Wide	Never	Sensitivity to Biting	Never	Chipped/ Broken Teeth	Never

My or I:

☐ mouth is very comfortable ☐ mouth is moderately comfortable ☐ mouth is uncomfortable	☐ think my dental health is excellent ☐ think my dental health is good ☐ think my dental health is poor
☐ think the appearance of my mouth is excellent and I would change nothing ☐ think the appearance of my mouth is satisfactory ☐ think the appearance of my mouth is unsatisfactory	☐ have put dentistry for myself and my family high on my priority list ☐ have put dentistry for myself and my family low on my priority list ☐ have put dentistry on my list but good care is hard to find
☐ will do anything possible to keep my natural teeth ☐ want to keep my teeth but have financial concerns ☐ expect that I will lose my teeth some day	☐ have chosen the longest lasting dental treatment which initially cost more ☐ have chosen the least costly treatment dentists have offered ☐ have rarely gone to the dentist and not completed treatment discussed
☐ have set goals for my dental health ☐ have never set goals for my dental health ☐ want to set goals for my dental health	☐ aspire to excellent dental health and repair ☐ aspire to good dental health and repair ☐ desire urgent care only