

DENTAL HEALTH QUESTIONNAIRE

Your general dentist: _____

Referred by: _____

Are you currently experiencing dental problems?

Yes No

Please explain: _____

Do you experience any of the following:

Yes No

- Bleeding gums
- Breath odors
- Gum swelling or sores
- Grinding or clenching of your teeth
- Drifting of teeth
- Changes in your bite
- Sensitivity to cold
- Sensitivity to hot
- Sensitivity to sweets
- Sensitivity to biting

Yes No

- Have you ever been treated for periodontal disease?

Yes No

- Have you ever had orthodontic treatment?

When was your last dental cleaning? _____

How long have you known about your gum condition?

Yes No

- Do you fear dental treatment?
If yes, what specifically concerns you about dental treatment? _____
- Did you ever have a bad dental experience?
- Have you had an undesirable reaction to a dental local anesthetic?
- Have you experienced complications or illness during or following dental therapy?
- Would you be upset if you lost your teeth?
- Are you willing to make a long-term investment in your teeth?
What do you think of your teeth? _____
- Are you satisfied with the appearance of your teeth? If not, why not? _____

Please check any oral hygiene aids you currently use:

- _____ Manual toothbrush
- _____ Electric toothbrush
- _____ Dental floss
- _____ Interdental brush
- _____ Toothpick
- _____ Waterpick
- _____ Gum stimulators
- _____ Disclosing agents
- _____ Toothpaste
- _____ Salt, baking soda, or peroxide
- _____ Mouth rinses
- _____ Other

To the best of my knowledge, I hereby certify that the medical and dental history information is correct. I give my permission for periodontal examination and x-rays as necessary to Dr. Okano and staff.

Signed _____

(Parent, if minor)

Date _____