PACIFIC PROSTHODONTICS

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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. What is your immediate dental concern? _____
2. Date of last dental visit: _____ Previous Dentist _____
3. Reason for leaving: _____
4. Please rate your comfort level with receiving dental treatment:

   ☐ No problem ☐ Slight ☐ Moderate ☐ Wild horses have to drag me in
5. Have you ever had any problem associated with dental anesthetics? ☐ Yes ☐ No
6. Have you ever been treated for gum disease? ☐ Yes ☐ No
7. Have you ever had chronic headaches, facial pain or jaw discomfort? ☐ Yes ☐ No
8. Are you accustomed to seeing a dentist on a regular basis? ☐ Yes ☐ No

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

Bleeding gums	C P N	Orthodontics (Braces)	C P N	Food trap	C P N
Unpleasant taste/ bad breath	C P N	Biting cheeks / lip	C P N	Clenching	C P N
Blister on lips or mouth	C P N	Loose teeth	C P N	Shifting or changing bite	C P N
Swelling / lumps	C P N	Sensitivity to hot/cold	C P N	Cavities / tooth decay	C P N
Clicking / popping jaw	C P N	Sensitivity to sweets	C P N	Burning tongue / lips	C P N
Difficulty opening wide	C P N	Sensitivity to biting	C P N	Chipped / broken teeth	C P N

9. These are some things that are important about my dental health: _____

   _____
10. What do you fear most about dental care? _____

    _____

11. My mouth is
    - ☐ very comfortable
    - ☐ moderately comfortable
    - ☐ uncomfortable

12. I think the appearance of my mouth is
    - ☐ excellent
    - ☐ satisfactory
    - ☐ unsatisfactory

13.
    - ☐ I will do anything possible to keep my natural teeth
    - ☐ I want to keep my teeth but I have financial concern
    - ☐ I expect that I will loose my teeth someday

14.
    - ☐ I have set goals for my dental health
    - ☐ I want to set goals for my dental health
    - ☐ I have never set goals for my dental health

15. I think my dental health is
    - ☐ excellent
    - ☐ good
    - ☐ poor

16. I have put dentistry for myself and family
    - ☐ high on my priority list
    - ☐ low on my priority list
    - ☐ on my list but good care is hard to find

17.
    - ☐ I have chosen the best possible treatment for my dental health
    - ☐ I have chosen the least costly treatment dentists have offered
    - ☐ I have rarely gone to the dentist and not completed treatment recommended

18.
    - ☐ I aspire to excellent dental health and repair
    - ☐ I aspire to good dental health and repair
    - ☐ I desire urgent care only