

PACIFIC PROSTHODONTICS

Frankie Sulaiman, D.D.S., M.S.

DENTURES AND PARTIAL DENTURES QUESTIONNAIRES

NAME: _____ DATE: _____

DENTURE/PARTIAL HISTORY

ARE YOU PRESENTLY WEARING DENTURES/PARTIALS? _____ UPPER: _____ LOWER: _____

WHEN WERE YOUR PRESENT DENTURES/PARTIALS/CAPS OR CROWNS MADE LAST? _____

DID IT BOTHER YOU MUCH TO LOSE YOUR NATURAL TEETH? _____

WHEN WERE YOU GIVEN YOUR FIRST FULL UPPER DENTURE/PARTIALS? _____

DID YOU WEAR A REMOVABLE PARTIAL DENTURE AT ANY TIME PRIOR TO YOUR BEING GIVEN A FULL UPPER DENTURE?

IF YES, WHAT WAS YOUR EXPERIENCE WITH YOUR REMOVABLE PARTIAL DENTURE? _____

HOW MANY FULL DENTURES HAVE YOU HAD MADE FOR YOU? UPPER _____ LOWER _____

HAVE YOU BEEN ADVISED TO HAVE SURGERY IN YOUR MOUTH? YES _____ NO _____

EVALUATION OF PREVIOUS DENTURE WEARING EXPERIENCE

ARE YOU SATISFIED WITH THE COLOR (SHADE) OF THE TEETH IN YOUR PRESENT DENTURES? _____

ARE YOU SATISFIED WITH THE SIZE (SHAPE) OF THE FRONT TEETH IN YOUR PRESENT DENTURES? _____

DO YOU LIKE THE COLOR OF GUMS OF YOUR PRESENT DENTURES? _____

WHAT, IF ANY, APPEARANCE CHANGES ARE YOU INTERESTED IN ACHIEVING? _____

DO YOU FEEL YOUR PRESENT DENTURES LOOK NATURAL IN YOUR MOUTH WHEN YOU SMILE?

DO YOU FEEL HAVE ENOUGH ROOM FOR YOUR TONGUE WHEN YOUR PRESENT DENTURES ARE IN USE?

HAVE YOU HAD MUCH TROUBLE WITH DENTURE OR TOOTH BREAKAGE IN THE PAST?

ARE YOU ABLE TO CHEW ALL TYPES OF FOOD WITH PRESENT DENTURES? _____ IF NO, WHAT FOOD DOES YOU ROUTINELY AVOID EATING? _____

DO YOU HAVE ANY GAGGING OR LACK OF OR TOO MUCH SALIVA PROBLEMS? _____

DO YOU HAVE ANY DIFFICULTY WITH SPEECH WHEN YOU ARE WEARING YOUR PRESENT DENTURES? _____

IF SO, WHAT SOUNDS? _____

DO YOU ROUTINELY USE ADHESIVES TO KEEP YOUR PRESENT DENTURES IN PLACE DURING USE? _____

WERE YOUR PRESENT DENTURES EVER RELINED TO IMPROVE YOUR DENTURE WEARING EXPERIENCE? _____ IF SO, WHEN? _____

DOES FOOD EVER GET UNDER YOUR DENTURES WHEN YOU ARE EATING A MEAL? _____

DO YOU HAVE TROUBLE WITH CHRONIC, RECURRING SORES IN YOUR MOUTH AS A RESULT OF HAVING TO WEAR DENTURES? _____

DO YOU ALWAYS WEAR YOUR DENTURES AT NIGHT WHILE YOU SLEEP? _____

DO YOU EVER REMOVE YOUR DENTURES DURING THE DAY TO GIVE YOUR JAWS AND GUMS A REST? _____

HOW DO YOU CLEAN YOUR DENTURES? _____

PLEASE ADD ANYTHING YOU FEEL IS IMPORTANT: _____