Dental Questionnaire

(Please circle)

1. Do you feel nervous about having dental treatment?_____ Yes No

2. Have you ever had an unfavorable reaction from a local anesthetic?_____ Yes No

3. Have you ever had serious trouble associated with previous dental treatment?_____ Yes No

4. How long has it been since your last full mouth x-rays?_____

Last dental visit?_____ Last dental cleaning?_____

5. Have you been treated with Orthodontics in the past?_____ Yes No

When?_____ For how long?_____

6. Are you satisfied with the appearance of your teeth?_____ Yes No

If no, be specific:_____

7. Are you currently in pain?_____ Yes No

If yes, be specific (i.e. sensitive to hot/cold temperature or pressure, fractured tooth, toothache, etc):

_____

8. Do you require antibiotics before dental treatment? If yes, why?_____ Yes No

9. Do you floss daily/or: How often do you floss? _____ Yes No

10. Do your gums ever bleed?_____ Yes No

11. Have you ever been told that you have periodontal disease?_____ Yes No

If yes, when?_____

12. Do you think your dental health affects your overall physical health?_____ Yes No

13. Have you ever had an oral cancer exam?_____ Yes No

14. Do you have areas where food catches between your teeth? _____ Yes No

If yes, what area(s)?_____

15. Have you noticed any spots or stains on your teeth that concern you?_____ Yes No

If yes, where?_____

16. Are there any concerns that would prevent you from going through with treatment?_____ Yes No

If yes, please list:_____

17. Do you have any old fillings or dental work that you would like to have change?_____ Yes No

If yes, please list where and why:_____

Are you looking for: ***(please check one)***

□ long term solutions to problems **or**

□ short term patchwork solution

With 1 being the highest of importance, please rate the following in importance from 1 to 10

_____Time	_____Quality of care	_____Detailed treatment explanations
_____Health	_____Fear/Anxiety	_____Insurance coverage
_____Technology	_____Finances	_____Comfort
		_____Relationship with dental team