

# NORTHEAST TEXAS PERIODONTAL SPECIALISTS

## PERIODONTICS & DENTAL IMPLANTS

### DENTAL QUESTIONNAIRE

PATIENTS NAME \_\_\_\_\_

GENERAL DENTIST'S NAME \_\_\_\_\_ FOR HOW LONG \_\_\_\_\_

HOW FREQUENTLY HAVE YOU HAD YOUR TEETH CLEANED DURING THE PAST 5 YEARS:

LESS THAN ONCE A YEAR     ONCE A YEAR     TWICE A YEAR     THREE TIMES A YEAR     FOUR TIMES A YEAR

Mo/YEAR OF YOUR LAST DENTAL EXAM \_\_\_\_\_ Mo/YEAR OF YOUR LAST DENTAL X-RAYS \_\_\_\_\_

ARE YOU PRESENTLY SATISFIED WITH THE CONDITION OF YOUR MOUTH AND TEETH (CIRCLE ONE): Yes No

Yes No

DO YOU PRESENTLY HAVE ANY PAIN, DISCOMFORT OR IMPAIRED FUNCTION RELATED TO YOUR MOUTH?  
IF YES, PLEASE DESCRIBE? \_\_\_\_\_

ARE YOU CURRENTLY AWARE OF ANY INFECTION IN YOUR MOUTH  
IF YES, PLEASE DESCRIBE: \_\_\_\_\_

ARE YOU CURRENTLY TAKING ANY ANTIBIOTICS FOR INFECTION? IF SO, WHAT: \_\_\_\_\_

DO YOUR GUMS EVER BLEED? IF SO, WHEN: \_\_\_\_\_

DO YOU HAVE A PROBLEM WITH BAD BREATH OR HAVE ANY FRIENDS OR FAMILY MADE YOU AWARE OF THIS?

ARE YOU INTERESTED IN REPLACING LOST TEETH?

DO YOU EVER HAVE ACHES OR PAINS IN YOUR JAW JOINTS, EARS, FACE, NECK OR HEAD?

ARE ANY OF YOUR TEETH TENDER WHEN YOU CHEW HARD FOODS?

ARE ANY OF YOUR TEETH MORE SENSITIVE TO: COLD, HOT, SWEETS, CERTAIN FOODS OR DRINKS?

ARE ANY PARTICULAR TEETH VERY SENSITIVE OR PAINFUL? WHEN? \_\_\_\_\_

ARE YOU CONCERNED ABOUT GUM RECESSION AROUND ANY OF YOUR TEETH?

ARE YOU CONCERNED ABOUT THE APPEARANCE OF YOUR TEETH OR MOUTH?

HAVE YOU EVER HAD ORTHODONTIC TREATMENT?  WITH BRACES  WITH REMOVABLE APPLIANCES

WHEN DID YOU GO THROUGH ORTHODONTIC CARE? \_\_\_\_\_

HAVE YOU EVER RECEIVED PERIODONTAL TREATMENT?  SCALING/ROOT PLANING  GUM SURGERY

WHEN DID YOU GO THROUGH PERIODONTAL CARE? \_\_\_\_\_

SIGNATURE OF PATIENT OR LEGAL GUARDIAN: \_\_\_\_\_ DATE \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE \_\_\_\_\_