

Dental Questionnaire

Name _____
Last First Middle Nickname

Answer to the following questions will allow us to treat you on a more individual basis, providing the care appropriate to your particular needs. Your answers are for our record only and will be considered confidential.

1. Are you having any discomfort at this time? Yes No
2. Have you ever had any serious trouble associated with previous dentistry? Yes No
3. Does dental treatment make you nervous? No Slightly Moderately Extremely
4. Date of last dental visit _____
5. Have you ever been treated for gum disease? Yes No
6. How often do you brush? _____ Brush is Soft Medium Hard
7. Do you ever or have you ever had any of the following?

MOUTH

- Bleeding, sore gum Yes No
- Unpleasant taste/bad breath Yes No
- Burning tongue/lips Yes No
- Frequent blisters Yes No
- Swelling or lumps in mouth Yes No
- Ortho treatment (braces) Yes No
- Difficulty opening or closing jaw Yes No
- Biting cheeks or lips Yes No
- Clicking or popping jaw joint Yes No

TEETH

- Loose teeth Yes No
- Sensitive to hot Yes No
- Sensitive to cold Yes No
- Sensitive to sweet Yes No
- Sensitive to biting Yes No
- Food impaction Yes No
- Clenching or grinding Yes No
- If yes, when _____
- Shifting in bite No Yes
- Change in bite No

8. Do you use the following?

Brush Yes No

Floss Yes No

Mouth rinse Yes No

Type: _____ Other: _____

These are the things that are important to me about my dental health:

What do you fear most about dental care?

Office Policies

We have three policies we feel are important to share with our patients. We strongly believe in our work and professional efforts, and we therefore ask you to read this thoroughly and then sign indicating that you understand these policies and agree to comply with them.

Commitment to treatment policy...

We believe all treatment begun should be completed. Incomplete treatment leads to problems, complications, misunderstandings and usually further disease. Therefore, if a plan is agreed upon and started, it needs to be completed.

Commitment to appointment policy...

An appointment in our schedule is a bond of trust that we will be here to serve you and you will be present for treatment. Our office policy is firm in this regard and we will not tolerate frequent cancellations or constant short-notice changes. Your signature below indicates that we must have mutual respect for each other's time.

Commitment to financial arrangement Policy...

We believe we have the responsibility to use the best professional care, skill and judgment in planning and delivering your dental treatment. Your payment will reimburse us for our services. By signing below, you are indicating that after all fees are properly explained to you that you agree to fulfill your financial commitment to our office promptly and completely.

We work with most dental insurers. Please keep in mind you are responsible for your total obligation should your insurance benefits result in less coverage than anticipated and please verify that your dental coverage is up to date at the time of service.

Patient

Date

