Dental Questionnaire

Date: _____

Patient's Name _____

Last First Middle Preferred Name (if different)

Correct answers to the following questions will allow Dr. Griffin to treat you on a more individual basis, providing the care appropriate for your individual needs. Your answers are for our records only and will be considered CONFIDENTIAL.

1. Are you having any discomfort at this time? Yes ____ No ____ Date of last dental visit? _____
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. Have you ever been treated for periodontal disease (gum disease, pyorrhea, or trench mouth)? Yes ____ No ____
5. How often do you brush your teeth? _____ Brush is: Soft ____ Medium ____ Hard ____
6. Do you have, or have you ever had, any of the following:

Bleeding, sore gums	Yes ____ No ____	Loose teeth	Yes ____ No ____
Unpleasant taste/bad breath	Yes ____ No ____	Sensitivity to hot	Yes ____ No ____
Burning tongue/lips	Yes ____ No ____	Sensitivity to cold	Yes ____ No ____
Frequent blisters on lips/mouth	Yes ____ No ____	Sensitivity to sweets	Yes ____ No ____
Swelling/lumps in mouth	Yes ____ No ____	Sensitivity to biting	Yes ____ No ____
Orthodontic treatments (braces)	Yes ____ No ____	Food impaction	Yes ____ No ____
Biting cheeks/lips	Yes ____ No ____	Clenching/grinding	Yes ____ No ____
Clicking/popping jaw	Yes ____ No ____	If so, when	_____
Difficulty opening or closing jaw	Yes ____ No ____	Change/shift in bite	Yes ____ No ____

7. These are things that are important to me about my dental health: _____
_____
8. What do you fear most about dental care (if anything)? _____
9. CIRCLE ONE:

1. My mouth is…
a) very comfortable
b) moderately comfortable
c) uncomfortable

2. I…
a) think the appearance of my mouth is excellent
b) am generally satisfied with the appearance of my mouth
c) am dissatisfied with the appearance of my mouth

3. I…
a) will do almost anything to keep my natural teeth for a lifetime
b) want to keep my teeth, but have a certain budget of time and money that I am willing to spend on them
c) don't expect to keep my natural teeth for a lifetime

4. I think my present state of oral health is…
a) excellent
b) good
c) poor

5. I…
a) have always done the best that was recommended for my oral health
b) have not done what dentists have recommended
c) rarely go to a dentist and don't care much about having any dental work

6. I…
a) have put dentistry for myself and my family HIGH on my priority list
b) have put dentistry for myself and my family SOMEWHERE on my priority list
c) have dentistry on my list (but it's hard to find!)

7. I…
a) have set goals for my oral health with a previous dentist
b) want to set goals concerning my oral health
c) don't care to set any goals for my oral health

10. What are some questions about dentistry and oral health that you have never had adequately answered?

_____
_____