

NEW PATIENT QUESTIONNAIRE

How long has it been since you've seen a dentist? _____
Why did you stop seeing your pervious dentist? _____
Does dental treatment make you nervous? _____
What were your past experiences like? _____
Specific concerns we need to address first? _____

These next questions are about the history of your mouth. Your answers will help us create a treatment plan for your continued dental health.

How often do you brush? _____ Do you use an electric toothbrush? _____
When do you brush? _____ morning? _____ afternoon? _____ bedtime? _____
How often do you floss? _____ Do you use any other dental tools? _____
When do you floss? _____ morning? _____ afternoon? _____ bedtime? _____
How long has it been since your last professional cleaning? _____

Have you had your wisdom teeth removed? _____
Are you able to open and close your mouth with no difficulty? _____
Does the joint hurt or click? _____
Have you been told that you grind your teeth? _____ Do you think you might be? _____

Do you feel you have bad breath or an unpleasant taste in your mouth? _____
Do your gums bleed when you brush? _____ Floss? _____
Do you smoke? _____ Chew tobacco? _____
Have you ever been treated for gum disease? _____ Deep Scaling? _____ Gum Surgery? _____

Have you had Orthodontic treatment or been told you need braces? _____

Have you noticed any swelling or unusual lumps in your mouth? _____
Do you have sensitivity to sweets? _____ hot? _____ cold? _____ chewing? _____ food impaction? _____
Has there been any trauma to your mouth in the past from falling, accidents, or injuries from sports activities? If yes, please explain _____
Have you noticed any loose teeth? _____

Do you have any missing teeth? _____ Do you want them replaced? _____
Have you ever considered replacing any existing silver/mercury fillings with tooth colored fillings? _____
Do you like your smile? _____ Would you want to change anything about it? _____

What are your personal goals for your teeth? _____

Once we decide on a plan to accomplish your goal, would there be any concerns about proceeding, such as the time involved, the cost or any fears? _____

What do you expect from us? _____