

# 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

Month/year of your last dental exam \_\_\_\_\_ Month/year of your last dental x-rays \_\_\_\_\_

Are you presently satisfied with the condition of your mouth and teeth?  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? If so, 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?  Braces     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 \_\_\_\_\_