

Don't Wait Until it Hurts. Let us Help.

Dental Information

- 1 Are your teeth sensitive to hot or cold? Yes ___ No ___ Pressure? Yes ___ No ___ Sweets? Yes ___ No ___
- 2 Do you grind or clench your teeth? Yes ___ No ___
- 3 Do you have any fear of dental work? Yes ___ No ___
- 4 Date of last dental visit _____ What was done at that time? _____
- 5 Former Dentist Name _____ Phone # _____
- 6 How would you describe your current dental problem? _____
- 7 How do you feel about the appearance of your teeth? _____

American Dental Association Warning Signs of Periodontal Disease

Periodontal disease is painless. It affects 75% of the population, and often victims are unaware.

- 8 Gums bleed when you brush your teeth? _____ Yes ___ No ___
- 9 Gums are red, swollen or tender? _____ Yes ___ No ___
- 10 Gums have pulled away (receded) from teeth? _____ Yes ___ No ___
- 11 Pus between teeth and gums when gums are pressed? _____ Yes ___ No ___
- 12 Permanent teeth are loose or separating? _____ Yes ___ No ___
- 13 Change in the way your teeth fit when biting? _____ Yes ___ No ___
- 14 Any change in fit of partial dentures? _____ Yes ___ No ___
- 15 Persistent bad breath? _____ Yes ___ No ___

DO YOU EXPERIENCE ANY OF THE FOLLOWING:

- | | | | |
|---|----------------|-----------------|----------------|
| Snoring | Yes ___ No ___ | Jaw clicking | Yes ___ No ___ |
| Frequent heavy snoring | Yes ___ No ___ | Head pain | Yes ___ No ___ |
| I have been told that
"I stop breathing" when sleeping | Yes ___ No ___ | Facial pain | Yes ___ No ___ |
| Daytime drowsiness | Yes ___ No ___ | Neck pain | Yes ___ No ___ |
| Morning headaches | Yes ___ No ___ | Limited opening | Yes ___ No ___ |
| Other family members experience one or more
of the sleep symptoms listed above | Yes ___ No ___ | Jaw locking | Yes ___ No ___ |

Other: _____