

Dental Initial Examination Questionnaire – Doctor Interview [Non-Emergency Patient]

NAME _____ DATE _____

1. What made you choose our office?
2. Practice Philosophy
 - Prefer to be on a first name basis
 - Primary responsibility is to help you become as healthy as you want to be and keep your teeth for a lifetime, if that is indeed what you desire, then keep it that way with as little additional dentistry as possible.
 - We'll spend a lot of time over the next couple of appointments education you about your mouth, both what's good and what is considered normal.
3. a) Tell me what kind of overall shape do you think your mouth is in [Rate from 1 to 10]
- b) Is there anything in particular that is bothering you?
- c) How do you feel about the appearance of your teeth?
4. Tell me what kind of dental treatment you have undergone in the past and what the experience has been?
5. Tell me where would you like your dental health to be in 5 to 10 years and what level do you want to obtain?
6. What do you like least about dentistry?
7. a) Have you ever been told that you have periodontal disease?
- b) Do your gums bleed and are they sore when brushed or flossed?
- c) Do you ever get a bad taste in your mouth or feel you sometimes have bad breath?
8. Do you have any teeth that are loose, sensitive to hot, cold, sweets or biting pressure?
9. Do you have problems with food wedging between any teeth when you eat:

10. a) Have you ever been told that you have TMJ problems?
- b) Are you aware of clenching or grinding your teeth?
- c) Do you get frequent headaches?
- d) Do you have pain, clicking, popping from your joints when you open, close or chew?
11. a) Is it difficult for you to brush or floss or clean any area of your mouth?
- b) How often do you brush? Vigorously or lightly?
- c) How often do you floss?
- d) Do you use mouthwash or any other rinses?
12. a) How often do you have your teeth cleaned?
- b) Do your gums bleed when you have your teeth cleaned? Does it hurt?
13. Have you lost any teeth? Why?
14. Tell me if you have any concerns about getting your mouth in shape?

15. Explain what we going to be doing during the clinical portion of the exam:

- Oral cancer check
- Evaluate the gums [including probings]
- Check teeth for cavities
- Evaluate their bit and the joints for any tenderness or problems
- Tour of the mouth with the intraoral camera
- Possibly take impressions for study models and take jaw records