



ADULT ORAL HEALTH SURVEY

Patient's Name _____ Account # _____ Date _____

This is a questionnaire to assess your current status in achieving optimum oral health. Please take a moment to give your health care professionals the information they need to assess your health status as thoroughly as possible.

Approximately when was your last dental cleaning? _____ Was it a regular cleaning (prophy)? Yes No
 A periodontal or deep cleaning? Yes No Do you floss? Yes No How often? _____

Do you use any other dental aids? (Check (x) those that apply below)

<input type="checkbox"/> Sensitivity Toothpaste	<input type="checkbox"/> Xylitol Chewing Gum	<input type="checkbox"/> Floss Threaders	<input type="checkbox"/> Interdental Brushes
<input type="checkbox"/> Tongue Scrapers	<input type="checkbox"/> Salivary Substitutes	<input type="checkbox"/> Toothpicks	<input type="checkbox"/> Superfloss
<input type="checkbox"/> Floss Handles	<input type="checkbox"/> Disposable Flossers	<input type="checkbox"/> Gum Stimulators	<input type="checkbox"/> Fluoride Tablets
<input type="checkbox"/>	<input type="checkbox"/> Prescription Toothpaste	<input type="checkbox"/>	<input type="checkbox"/>

Do you use mouthwash? Yes No If so, what brand? _____

What brand of toothpaste do you use? _____

What type of toothbrush do you use? Manual Electric Sonic

If you answered "manual", are the bristles? Hard Medium Soft I don't know

Are there any dexterity problems with the use of your hands? Yes No

Do you have sensitive teeth? Yes No If yes, where? _____

Have you ever worn braces? Yes No If so, do you currently wear retainers? Yes No

If yes, top bottom bonded in

Do you like your smile? Yes No If not, what would you change? _____

Have you ever whitened your teeth? Yes No What did you use to whiten them? _____

Were you satisfied with the results? Yes No

Does your jaw 'pop' or 'click' when you chew or talk? Yes No Do you clench or grind your teeth? Yes No

Do you experience morning headaches? Yes No

Do you have any pain or soreness in your jaw muscles or joint? Yes No

Do you have a problem or issue that you would like addressed today? If so, what is it? _____

Please feel free to ask any question that may allow you to become comfortable with our recommendations for your care.
 We appreciate you choosing our dental office.