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YourSmilePerfected.com

Dental Questionnaire

Please Circle your response below

- Yes No Is it important for you to keep your teeth?
- Yes No Are you satisfied with the appearance of your teeth?
- Yes No Would you change the appearance of your teeth?
- Yes No Are you satisfied with the function of your teeth?
- Yes No Does food frequently get caught between your teeth?
- Yes No Do your gums often bleed while brushing?
- Yes No Have you noticed loosening of your teeth?
- Yes No Do you have difficulty eating or swallowing?
- Yes No Do you suffer from dry mouth?
- Yes No Have you had a change in your ability to taste foods?
- Yes No Do you experience bad breath?

How often do you brush your teeth? _____

How often do you floss? _____

Oral Habits

- Yes No Do you clench or grind your teeth?
- Yes No Bite your lips or cheek frequently?

Have you had any of the following?

- Yes No Orthodontic treatment (braces)? When? _____
- Yes No Oral surgery? Explain: _____

- Yes No** Gum treatment?
Yes No Your bite adjusted?
Yes No A night guard, bite plane or other appliance?

Do you currently have any of the following?

- Yes No** Dental pain?
Yes No Sores or swelling in your mouth?
Yes No Missing adult teeth?
Yes No A partial/full denture or dental implants?
Yes No Do you use a fluoride supplement?
Yes No Have you had any difficulty with dental treatment?

Problems of the Jaw

- Yes No** Clicking of the jaw?
Yes No Pain (joint, ear, side of face)?
Yes No Difficulty opening or closing?
Yes No Difficulty chewing?
Yes No Have you injured your head, neck or jaw?

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- Yes No** Do you experience dental anxiety?
Yes No Are you interested in conscious sedation?
Yes No Would you like to know about sleep apnea treatment options?
Yes No Would you like to know about Botox?
Yes No Would you like to know about Invisalign clear aligner therapy?
Yes No Have you had a negative experience with a previous dentist?

How can we make your visit more comfortable? _____

What is the reason for your visit today? _____

What are your dental goals? _____
