



# GREEN HILLS DENTISTRY

FAMILY ■ COSMETIC ■ SLEEP SOLUTIONS

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## Dental Questionnaire

### Reasons for this Initial Visit

1. What is your chief reason for making this appointment? \_\_\_\_\_
2. Who may we thank for referring you? \_\_\_\_\_
3. What specific things would you like us to pay special attention to? \_\_\_\_\_

### History of Dental Care

1. When was your last visit to the dentist? \_\_\_\_\_
2. What was the reason for that visit? \_\_\_\_\_
3. Have you ever had a full series of 18 dental x-rays? Yes/no  
When \_\_\_\_\_
4. Have you ever been diagnosed with gum disease? Yes/no
5. Do your gums bleed when you brush or floss? Yes/no
6. Are you missing any teeth? Yes/no  
If so, have they been replaced? Yes/no
7. Have you ever had:
 

Gum surgery	Yes/no
Root canal therapy	Yes/no
Crown (caps) or bridge work	Yes/no
Orthodontics	Yes/no
Dental implants	Yes/no
Full or partial removable dentures	Yes/no

Comments: \_\_\_\_\_

### Screening for Jaw and Bite Problems

1. Do you have frequent headaches? Yes/no  
When (morning, evening, no pattern...) \_\_\_\_\_  
How often \_\_\_\_\_
2. Does your jaw click or get locked when you open or close? Yes/no
3. Do you have pain or tenderness in your jaw joint? Yes/no
4. Do you take pain medications including Aspirin or Ibuprofen? Yes/no  
How much \_\_\_\_\_  
How often \_\_\_\_\_
5. Do you clench or grind your teeth or ever been told you do? Yes/no
6. Have you noticed any of the following:
 

Tooth wear	Yes/no
Gum recession	Yes/no
Loose teeth	Yes/no
7. Do you have a history of fractured teeth and/or fillings? Yes/no
8. Are your teeth sensitive to cold, heat or sweets? Yes/no
9. Have you ever been diagnosed with "TMJ" problems? Yes/no
10. Do you snore? Yes/no
11. Do you tire easily? Yes/no
12. Have you ever been diagnosed with Sleep Apnea? Yes/no
13. Have you ever been prescribed a CPAP machine? Yes/no

### Esthetic Concerns

1. Are you happy with the way your teeth look? Yes/no
2. Do you like your smile? Yes/no
3. Would you like your teeth to be whiter? Yes/no
4. What would you change about your smile if could? \_\_\_\_\_