

Dental Information Form

American Dental Association - Warning Signs of Periodontal Gum Disease

Do not wait until it hurts. We can help reduce these problems. Periodontal Disease is typically painless. Latest studies show that it affects 75% of the population and often the victims are unaware of the severity.

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|--|------------------------------|-----------------------------|
| 1. Gums that bleed when you brush your teeth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Gums are red, swollen or tender? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Gums have pulled away (receded) from the teeth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Pus between teeth and gums when pressed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Permanent (adult) teeth are loose or separating (moving)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Change in the way your teeth fit when biting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. A change in the fit of partial dentures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Persistent bad breath? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If these warning signs apply to you, bring it to our attention. Act now, and keep your teeth for a lifetime.

Reason for today's visit: _____

Last Dentist Name and Telephone Number: _____

Date of Last Dental Appointment: ____ / ____ / ____

Treatment Performed: _____

List of Serious Dental Problems: _____

- How often do you brush your teeth? _____ per day Floss? _____ per day or week
- Type of Toothbrush: Manual Electric—which brand? _____
- Texture of Bristles: Hard Medium Soft
- Teeth Condition: PAIN TO: Hot Cold Temperature Sweet Chewing/Bite
- Do you CLENCH or GRIND your teeth? When? _____
- Do you have a bite guard? No Yes — What type? Hard Plastic Soft Rubber Other
- Are you happy with the color of your teeth? Yes No
- Would you like to change anything about your teeth? No Yes: _____
- Would you like whiter teeth in about one hour? No Yes
- Do you snore? No Yes Do you have sleep apnea? No Yes
- Do you have difficulty sleeping due to snoring? No Yes
- Do you have sinus infections? No Yes How often? _____ per _____
- Are you concerned about your breath? No Yes
- Do you have problems with Dental Anesthetic? No Yes

