JOHN G. ROHM, DMD
COSMETIC & FAMILY DENTISTRY
(724) 695-2100 • FAX (724) 695-8464
www.drjohnrohm.com • drjohnrohm@gmail.com

DENTAL QUESTIONNAIRE

Date _____
Last Name _____
First Name _____
Preferred to be called / Nickname _____

Correct answers to the following questions will allow your dentist to treat you on a more individual basis, providing the care appropriate for your particular needs. Your answers are for our records only and will be considered confidential.

Are you having any discomfort at this time (explain)? _____
Have you ever had any serious trouble associated with previous dentistry? _____
Does dental treatment make you nervous? _____
Date of last dental visit? _____
Have you ever been treated for periodontal disease, (gum disease, pyorrhea, trench mouth)? _____
How often do you brush your teeth? _____ Is your brush soft, medium or hard? _____

Do you now or have you ever had any of the following:

MOUTH

____ Bleeding sore gums
____ Unpleasant taste/bad breath
____ Burning tongue/lips
____ Frequent blisters on lips/mouth
____ Swelling/Lumps in mouth
____ Orthodontic Treatment (braces)
____ Biting Cheeks/Lips
____ Clicking / Popping Jaw
____ Difficulty opening of closing jaw

TEETH

____ Loose teeth
____ Sensitive to Hot
____ Sensitive to Cold
____ Sensitive to Sweets
____ Sensitive when Biting
____ Food Impaction
____ Clenching / Grinding
If so, when ? _____
____ Shifting in bite

Do you use the following? Brush _____ Floss _____ Fluoride Rise _____ Other _____

These are the things that are important to me about my dental health: _____
What do you fear most about dental care? _____

1) My mouth is:
a) very comfortable
b) moderately comfortable
c) uncomfortable

2) I
a) think the appearance of my mouth is excellent
b) am satisfied with the appearance of my mouth
c) am dissatisfied with the appearance of my mouth

3) I
a) will do anything to keep my natural teeth
b) want to keep my teeth, but have a budget of time and money

4) I
a) have set goals for my oral health with a previous dentist
b) want to set goals concerning my dental health

5) I
a) have always done the best that was recommended
b) have not done what dentists have recommended
c) rarely go, and don't care much about having any dental work completed

6) I
a) dentistry for myself and family high on priorities
b) dentistry for myself and family is low on my priorities
c) dentistry is on my list but it's hard to find

7) I think my present state of dental health is:
a) Excellent
b) Good
c) Poor

What are some questions about dentistry and oral health that you have and never had adequately answered?

_____
_____