

As part of getting to know you and understand your particular dental concerns, please answer the following questions. Simply tick the boxes relevant to you and we'll discuss them further at your examination.

Are you having any discomfort at the moment?			
No	Teeth	Jaw	Gums
Face	Other:		

Are you sensitive to any of the following?			
Pressure	Hot	Cold	Sweet
Sour	Eating/Biting	None	

Do you have the following in your mouth?			
Burning	Dryness	Bleeding	Itching
No	Other:		

Do you or have you had:		
Chronic headache or neck ache	Yes	No
Growths or swelling	Yes	No
Gum problems	Yes	No
Food catching between your teeth	Yes	No
Bleeding gums	Yes	No
Bad breath	Yes	No
Unpleasant taste in your mouth	Yes	No
Teeth straightened	Yes	No
Dentures, full or partial	Yes	No
Sleep or Night Guard	Yes	No
Dental treatment with a specialist	Yes	No

Have you noticed any of the following?			
Grinding	Clenching	Broken filling/tooth	No
Are you aware of your jaw:			
Clicking	Popping	Snapping	No
Are your jaw muscles:			
Sore	Tired	Painful	Locked
Stiff	No	Other:	

Which of the following do you use?			
Electric toothbrush	Tongue cleaner	Fluoride rinse	Sensitive toothpaste
Floss	Pikster/Proxy brush	Toothpick	Other:
Manual toothbrush:	Soft	Medium	

And lastly...		
Are you frustrated about constant dental repairs?	Yes	No
Would you like to avoid losing teeth?	Yes	No
Do you want to know how to keep your natural teeth for life?	Yes	No
Are you interested in learning about how to control gum disease?	Yes	No
Is there something about your smile you would like to change?	Yes	No
Is there anything about your teeth you are uncomfortable with?	Yes	No

Please feel free to comment further overleaf or discuss with Dr Thai at your examination appointment.