

# TRU Dental, PC Questionnaire

Date: \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_

Your responses to the following questions allow us to provide you with optimal care.

1. Are you having any discomfort at this time?  yes  no
2. Have you ever had any serious issues associated with previous dentistry?  yes  no
3. Does dental treatment make you nervous?  No  Slightly  Moderately  Extremely
4. Date of last dental cleaning? \_\_\_\_\_
5. Have you ever been treated for periodontal disease (deep cleaning)?  yes  no  
(gum disease, pyorrhea, trench mouth?)
6. How often do you brush? \_\_\_\_\_ Brush is:  soft  medium  Hard
7. Do you have or ever had any of the following:

## MOUTH

- Bleeding, sore gums  yes  no
- Unpleasant taste/bad breath  yes  no
- Burning tongue/lips  yes  no
- Frequent blisters, lips/mouth  yes  no
- Swelling/lumps in mouth  yes  no
- Ortho treatments (braces)  yes  no
- Biting cheeks/lips  yes  no
- Clicking/popping jaw  yes  no
- Difficulty opening or closing jaw  yes  no

## TEETH

- Loose teeth  yes  no
- Sensitive to hot  yes  no
- Sensitive to cold  yes  no
- Sensitive to sweets  yes  no
- Sensitive to biting  yes  no
- Food impaction  yes  no
- Clenching/grinding  yes  no
- If yes, when
- Shifting in bite  yes  no
- Change in bite  yes  no

8. Do you use the following?
  - Electric Toothbrush  yes  no
  - Mouthwash  yes  no

- Dental Floss  yes  no
- Other \_\_\_\_\_

What do you fear most about dental care? \_\_\_\_\_

We believe it is YOUR choice on the level of care you desire from our practice. To best meet your goals, please consider the following categories of care and **circle** the Level that best fits you:

**Level 1: Urgent Care** –Treatment only when experiencing a crisis such as pain, swelling or bleeding that requires immediate treatment. Less emphasis is placed on taking steps to prevent future emergencies.

**Level 2: Remedial Care** – Treatment for obvious problems such as broken or cracked teeth, cavities, sensitivity, discomfort or concerns that are creating issues in your mouth right now. Less emphasis is placed on taking steps to prevent new concerns. Want to deal exclusively with existing problems in a timely manner.

**Level 3: Proactive Care** – Treatment for existing concerns, but also concerned about conditions that may create problems in the near future. Maintain the health of each tooth at a basic level and when treatment is recommended will prioritize treatment to manage costs, but still will take care of things soon enough so that known concerns are less likely to develop into major problems.

**Level 4: Complete Dentistry** –Concerned about the current conditions in the mouth, the causes of dental disease and long term health. Interest in knowing full treatment options to become and remain as healthy as can be, minimizing long term dental costs. If indicated, a plan of treatment may be addressed, with prevention and regular care to achieve steady long term dental health.

**Level 5: Optimal Dentistry** –Focused on long term dental health and disease prevention, but also want teeth and smile to look great. Interested in lifelong optimal function and appearance. Enhancing appearance with a beautiful new smile is very important.