



EmblemHealth Family Dental Practice — Oral Health Questionnaire

EmblemHealth Family Dental Practice, 1873 Western Ave., Suite 200, Albany, NY 12203 (518) 869-1044

1. What brings you to the office today? _____
2. When was your last dental visit? _____
3. Do you have any sores, swelling or lumps in your mouth? _____
4. Are your teeth sensitive to any of the following? Heat? Cold? Sweets? Biting?
5. Are you missing any teeth? Yes No
When, how or why? _____
6. Are you interested in having missing teeth replaced? Yes No
7. Do you have removable full dentures or partial dentures? Yes No
8. Are you aware of any mouth habits such as:
 - Grinding teeth? Yes No
 - Clenching teeth? Yes No
 - Biting lips, cheeks, tongue? Yes No
 - Biting on foreign objects? Yes No
 - Breathing through your mouth? Yes No
9. Do you have or have you ever had any of the following:
 - Fever blisters or cold sores? Yes No
 - Recurrent canker sores or mouth ulcers? Yes No
 - Oral Herpes infection? Yes No
 - Aches in facial muscles? Yes No
 - TMJ pain or problems? Yes No
 - Frequent dry mouth? Yes No
 - Difficulty chewing or swallowing? Yes No
 - Difficulty opening or closing your mouth? Yes No
 - Orthodontic treatment? Yes No
 - Problems with previous dental treatment? Yes No
 - Odors or bad taste in your mouth? Yes No
 - Loose teeth? Yes No
 - Bleeding gums? Yes No
 - Problems with previous dental treatment? Yes No
 - Does food become caught between your teeth? Yes No
10. Are you satisfied with the appearance of your teeth? Yes No
11. Are you interested in cosmetic dentistry? Yes No
12. Do you feel anxious about having dental treatment? Yes No

Print Patient Name _____

Patient Signature _____ **Date** _____

If signing for a minor, please indicate relationship to patient _____