

Name: -

PATIENT QUESTIONNAIRE

This is a Denplan Excel Accredited Practice. In order to gain this accreditation we have to show that we comply with the highest clinical, managerial and administrative standards.

We are delighted you have chosen our practice to provide your dental care. We take great pride in all aspects of our working environment and try to offer the highest standards of care to our patients. So that we can do our best for you, we would like to ask you a few questions in order to perform a risk assessment for you. It will also help us to establish your personal needs and speed up your appointment.

Question	Yes	Some / Mainly	No
Do you have any pain, sensitivity or discomfort ?			
Can you eat an unrestricted diet... ?			
Are you happy with the appearance of your teeth ?			

Question	No	Yes Good control	Yes Fair control	Yes Poor control
Are you Diabetic ?				

Question	4 times or more	Less than 4 times
How many different times during a typical day do you eat sugar containing food and drink, other than at meal times?		

Question	yes	No
Do you use fluoride toothpaste and/or fluoride mouthwash?		
Is there fluoride in your water supply at home?		
Have you experienced a major health problem during the last year, for example a stroke, heart attack or cancer?		

Question	A few times a week	Once Daily	More than once daily
How often, other than at meal times, do you consume acidic food and drinks? (Fruit, juices, drinks)			

Question	yes	No
Do you have any cause to vomit (be physically sick) at least once a week?		
Do you grind your teeth?		
Do you suffer from acid reflux disease (or Heartburn) ?		

Question	Yes	No
Have you ever had or been suspected of having 'oral cancer' ?		

Question SMOKING.....	Never smoked	smoking Now	Quit LESS than 10 years ago	Quit MORE than 10 years ago
With regards to smoking; tick which applies.				

If you smoke or have smoked.....?	LESS than 10 cigarettes a day	MORE than 10 cigarettes a day
How many on average....		

If you smoke or when you used to smoke ...?	for LESS than 10 years	for MORE than 10 years
How many many years...		

Question ALCOHOL...	less than one drink a day	1 drink a day 1 unit	2 drinks a day 2 units	3 or more drinks a day 3 + units
On average divided over the week how many alcoholic drinks do you have..?				

Question	Please state the months or years
When did you last visit the dentist ?	

Question	Please give some indication
Are there any dental procedures which have frightened you in the past?	

Question	Relaxed	A little nervous	Very nervous
When you visit the dentist are you.....?			

Question	Please give some indication
Does anything concern you about your dental health? In other words, why have you decided to come?	

<i>There are many new techniques in dentistry which can improve the appearance of your teeth and facial appearance such as whitening or cosmetic treatments. We can advise and perform all these including anti-wrinkle, facial rejuvenation and skin treatments. Please tick here if you would like information.</i>	
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<i>Briefly say why you have decided to change your dentist..</i>	
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