Pasadena
Family, Cosmetic & Implant
DENTISTRY

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DENTAL SMILE & QUESTIONNAIRE

1. When was your last dental visit and the reason for it? _____

What is the reason for your visit today? _____

	YES	NO
2. Have you ever had an unfavorable reaction to local anesthetics (Novocain)?	☐	☐
3. Have you had any serious trouble associated with previous dental treatment?	☐	☐
4. Do you smoke tobacco? How much?	☐	☐
5. Do your gums bleed when you floss or brush your teeth?	☐	☐
6. Do you have any problems with halitosis (Bad breath)?	☐	☐
7. Have you ever been told before that you have gum disease (gingivitis or periodontitis)?	☐	☐
8. Do you grind or clench your teeth?	☐	☐
9. Have you ever been told to wear a "Nightguard", or do you wear one now?	☐	☐
10. Are your teeth sensitive to hot/cold or sweets?	☐	☐
11. Do you have a problem with food getting stuck between your fillings or restorations?	☐	☐
12. Are you happy with your teeth and smile?	☐	☐
13. Would you like your teeth to be aligned or straighter?	☐	☐
14. Would you like your teeth to be whiter?	☐	☐
15. Would you like more information on whitening procedures?	☐	☐
16. Are there any damaged teeth or restorations that you would like replaced?	☐	☐
If yes, please indicate which area of your mouth they are in: _____		
17. Are there missing teeth or a tooth that you would like to be replaced?	☐	☐
18. Are you interested in any cosmetic dental procedure, such as veneers?	☐	☐

_____

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_____

Patient Name Signature (patient/guardian) Date