HALE & HALE
DDS, INC.

Confidential Patient Questionnaire
Susan E. Hale, DDS & Brent E. Hale, DDS

DENTAL HISTORY

Our practice is committed to providing each of our patients with individualized private care treatment consistent with their particular needs, wants, and values. By answering the following questions candidly you will help us to better understand your dental concerns and expectations. Your answers are for our records only and will remain confidential.

1) What prompted you to contact our office for an appointment? (Chief Concern) _____

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2) Date of last dental exam _____ Prophylaxis (Cleaning) _____
Radiographs last three years? _____

3) Does dental treatment make you nervous? ❑ No ❑ Slightly ❑ Moderately ❑ Extremely

4) Have you ever had any serious trouble associated with previous dentistry? ❑ Yes ❑ No

5) Do you use the following?

Toothbrush	❑ Yes ❑ No	How often? _____
Dental Floss	❑ Yes ❑ No	How often? _____
Other Oral Hygiene Device	❑ Yes ❑ No	What and how often? _____

_____

6) Do you have or have you ever had any of the following?

Orthodontic treatment (braces)?	❑ Yes ❑ No	Do you get migraines/other headaches?	❑ Yes ❑ No
Click/popping jaw?	❑ Yes ❑ No	Loose Teeth?	❑ Yes ❑ No
Difficulty opening or closing jaw?	❑ Yes ❑ No	Teeth sensitive to hot, cold, sweet?	❑ Yes ❑ No
Clenching or grinding?	❑ Yes ❑ No	Teeth sensitive to chewing?	❑ Yes ❑ No
Shift or change in bite?	❑ Yes ❑ No	Bleeding or sore gums?	❑ Yes ❑ No
Pain in mouth currently describe?	❑ Yes ❑ No	Unpleasant taste or bad breath?	❑ Yes ❑ No
Treatment for periodontal disease (gum disease, pyorrhea)?	❑ Yes ❑ No		

7) On a scale of 1 to 10 (1 being terrible and 10 being perfect) how healthy do you think your mouth is?

8) On a scale of 1 to 10 (1 being terrible and 10 being perfect) how healthy would you like your mouth to be?

9) Are you happy with the appearance of your teeth? ❑ Yes ❑ No
If you answered 'No' and we could wave a magic wand over your head and instantly change anything about the appearance of your teeth, what would you change? _____

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10) Do you expect to keep your teeth for the rest of your life? ❑ Yes ❑ No

11) What are some questions about dentistry and your oral health that you have never had adequately answered? _____

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