CANYON ECHO DENTAL
DR. SUSIE WORM, DMD

DENTAL EVALUATION FORM

To better serve you, please take just a couple of minutes to answer the following questions. Thanks!

Why have you come to the dentist today?

How many times a day do you brush? _____

Type of toothbrush bristles?

❍ Hard ❍ Medium ❍ Soft

How many times a week do you floss? _____

Your last cleaning _____

Last oral cancer screening _____

Last complete x-rays _____

Who was your previous dentist?

Name: _____

City: _____ State: _____

Phone: ( ) _____

Why did you leave your previous dentist?

Please check any of the following problems that apply to you:

❍ Sensitivity (hot, cold, or sweet)
If so, which teeth?
❍ Headaches, earaches, neck pain
❍ Teeth or fillings breaking
❍ Grinding or clenching teeth
❍ Bleeding, swollen or irritated gums
❍ Loose, tipped, or shifting teeth
❍ Bad breath
❍ Cold sores, oral ulcers

Do you have, or have you had, any of the following?

❍ Dentures
❍ Partial dentures
❍ Periodontal (gum) treatments

If you could whiten your teeth, at a cost that anyone could afford, would you like to?

❍ Yes ❍ No

Has your doctor told you that you require antibiotics before dental treatment?

❍ Yes ❍ No

Are you currently in any pain? ❍ Yes ❍ No

Have you ever had a serious/difficult problem associated with any previous dental work? ❍ Yes ❍ No

Do you or have you ever experienced pain/discomfort in jaw joint (TMJ/TMD)?

❍ Yes ❍ No

Do you smoke or use chewing tobacco?

❍ Yes ❍ No

If yes, how much? And, for how long?

If you could change your smile, would you:
(please check all that apply)

❍ Make your teeth whiter
❍ Make your teeth straighter
❍ Close spaces between teeth
❍ Replace black metal fillings with tooth-colored
❍ Restorations
❍ Repair chipped teeth
❍ Replace missing teeth
❍ Replace old crowns that don't match
❍ Have a smile makeover

On a 1 to 5 scale, 5 being the highest rating:
(please circle the number that best applies)

How important is your dental health to you?
1 2 3 4 5

How would you rate your current dental health?
1 2 3 4 5

Where do you want your dental health to be?
1 2 3 4 5

What is the most important thing to you about your dental visit today?

What are the most important thing to you about your smile and dental health?