Clinical Interview

Patient Name_____ Date _____

What is most important to you about your dental health?

_____

staff only

Dental History:

How long has it been since you've been to the dentist? _____

How long has it been since you've had a cleaning? _____

Was there anything you did not like about your previous dentist or dental office?

_____

Was there anything you did like about your previous dentist or dental office?

_____

Chief complaint:

What brought you in to see us today? _____

Are you having any pain right now?	yes	no
Do your gums bleed when you brush or floss?	yes	no
Do you have any sensitivity to hot or cold?	yes	no
Is anything chipped or broken?	yes	no
Would you like to be pain free?	yes	no
Would you like straighter teeth?	yes	no
Would you like whiter teeth?	yes	no
Do you ever worry about bad breath?	yes	no

Do you want a healthy mouth or are you just worried about a specific problem?

healthy specifics

Are you aware of the dangerous link between gum disease and overall health? yes no

Are you most concerned about preventing cavities or just fixing them when you have them?

prevention fixing

What don't you like about the appearance of your teeth?_____

How can we help make you more comfortable?_____

How can we help decrease your dental fear?_____

Which of the following cancers has the highest death rate?

Cervical Cancer *Hodgkin's Lymphoma* *Oral Cancer* *Skin Cancer*

*You'll be glad to hear that in our office we focus on early detection for oral cancer

What is the biggest obstacle that keeps you from having a healthy mouth?

time
money
fear
nothing

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