



MIKEALLEN'S
DENTAL PRACTICE

Please fill out the following dental questionnaire:

Full Name; _____ DOB; _____

How long is it since you visited a dentist; _____

Do you have any current dental problems; _____

Do your teeth hurt when you have a hot or a cold drink; _____

Do any teeth hurt when you chew; _____

Does food get stuck between your teeth; _____

Do your gums hurt or bleed when you brush; _____

How do you clean in between your teeth; _____

Do your jaw joints click or make noises; _____

Are you aware of clenching or grinding your teeth; _____

Do you suffer from headaches; _____

How do you feel about the shape, Arrangement and colour of your teeth; _____

Do you have a local anaesthetic for fillings; _____

How do you feel about visiting us; _____

How do you feel about spending money on your mouth; _____

Thank you for completing this form