

Purpose of the Visit

1. What is the reason/purpose of your visit? (Select all that apply)

☐ Check-up

☐ Hygiene

☐ Fillings

☐ Tooth pain

☐ Root canal treatment

☐ Orthodontic treatment (braces)

☐ Surgical treatment (e.g., tooth extraction)

☐ Facial pain and TMJ dysfunction

***[If Yes]** Ask at reception for an additional detailed questionnaire about jaw and muscle pain (TMD)

☐ Smile makeover

☐ Teeth grinding

☐ Gum issues

☐ Implants

☐ Other:

Dental History

2. Are you dissatisfied with previous dental treatment?

☐ YES ☐ NO

3. Have you ever had orthodontic treatment? (braces or aligners)

☐ YES ☐ NO

4. Have you ever lost teeth due to injury or facial trauma?

☐ YES ☐ NO

5. Do you clench or grind your teeth during the day?

☐ YES ☐ NO

6. Do you wear dentures? (partial or full)

☐ YES ☐ NO

7. Are you considering dental implants?

☐ YES ☐ NO

Teeth Condition

8. Have you noticed any wear or erosion on your teeth? (such as significant flattening, wear, or thinning of the enamel) for unknown reason

☐ YES* ☐ NO

***[If YES]** Ask at reception for an additional detailed questionnaire about tooth wear.

9. Have you experienced any of the following with your teeth in the last year?

☐ Broken or worn teeth

☐ Cracked fillings

☐ Sensitivity to hot/cold/sweets

☐ Food frequently getting caught between teeth

☐ None of the above

Gum and Bone Health

10. Have you experienced any of the following symptoms in the last year?

☐ Red or swollen gums

☐ Bleeding gums while brushing

☐ Persistent bad breath

☐ Mobile teeth

☐ None of the above

11. Have you been diagnosed with gum disease/periodontal disease?

☐ YES ☐ NO ☐ UNSURE

Bite and Temporomandibular Disorders (TMD)

12. Do you feel comfortable with how your teeth come together (your bite)?

☐ YES ☐ NO

13. Are you currently or were you recently experiencing pain in your jaw, face or head?

☐ YES* ☐ NO

***[If Yes and Significant]** Ask at reception for an additional detailed questionnaire about jaw and muscle pain (TMD).

14. Does your TMJ make sounds (popping, clicking) or does your TMJ lock?

☐ YES ☐ NO

15. Do you have trouble opening your mouth wide or feel pain quickly when doing so during dental visits?

☐ YES ☐ NO

Sleep

16. Do you snore, feel tired after a full night's sleep, or have been told you may have sleep apnea?

☐ YES* ☐ NO

***[If YES]**

☐ Yes, I have been diagnosed with sleep apnea

☐ No, I haven't been diagnosed

17. Does it often happen that you fall asleep during the day while watching television, reading, talking to others, or in means of transportation?

☐ YES ☐ NO

18. Has anyone ever told you that you grind your teeth at night?

☐ YES ☐ NO ☐ UNSURE

Smile Aesthetics

19. Is there anything about the appearance of your smile that you would like to change? (Select all that apply)

☐ Color

☐ Size

☐ Tooth display

☐ Everything

☐ Spaces

☐ Shape

☐ Bite and teeth position

☐ None of the above

Understanding the Purpose Behind These Questions

This questionnaire helps us gain a complete understanding of your needs and expectations before your visit. By learning about your dental history, habits, and goals, we can create a personalized treatment plan. It also allows us to match you with the right specialist to ensure that you receive the most appropriate care. Thank you for taking the time to complete this — it truly helps us provide you with the best possible care.

Level Of Emotions

It is extremely important for us to understand the patient's attitude toward treatment, as in extreme cases, such as severe dentophobia, we have tools (pharmacological sedation or hypnosis) that can facilitate the process of entering treatment.

Purpose of the Visit

Clearly identifying your priorities — whether it's a routine check-up, a filling, or a cosmetic smile improvement — allows the clinician to quickly tailor care and plan treatment that aligns with these goals.

Occupation

Knowing your occupation provides valuable context, as certain professions may predispose individuals to specific dental issues. Stressful jobs, for example, are linked to bruxism, while professions with high aesthetic standards may influence treatment expectations. Understanding your occupation allows clinicians to adjust communication style and anticipate potential wear patterns or sources of pain. For healthcare professionals, more technical language may be used, while for others, simpler terms might be more suitable.

Dental History

Questions about dissatisfaction with previous treatments, orthodontics, or trauma reveal your dental journey and expectations. Patients who are dissatisfied with past treatments may have higher demands, and corrective work often requires advanced expertise. Orthodontic and trauma history prompts checks on gum and bone health, while daytime teeth clenching signals a potential risk for TMD.

Teeth Condition

This section screens for signs of rapid tooth wear or erosion, which could indicate bruxism, acid erosion, or other issues. Early detection of significant wear directs patients to further diagnostics. Questions about cracked fillings or food getting trapped between teeth highlight structural damage or alignment problems, allowing for timely intervention.

Gum and Bone Health

This section assesses periodontal health by asking about symptoms like swollen gums, bleeding, bad breath, and loose teeth, which may indicate active gum disease. Knowing in advance if a patient has been diagnosed with periodontal disease helps in selecting the appropriate specialist for their care.

Bite and Temporomandibular Disorders (TMD)

Discomfort related to bite alignment and TMD symptoms — such as pain, joint sounds, or jaw locking — often connect to muscle tension, stress management, and lifestyle factors. Daytime clenching is a risk factor for TMD, while symptoms like jaw locking or pain during mouth opening suggest the need for further evaluation of the muscles and jaw joint.

Sleep

The connection between sleep apnea and bruxism is well-documented, and certain types of apnea may worsen or improve depending on the treatment approach. This section screens for common indicators of sleep apnea, such as snoring, fatigue, and nighttime teeth grinding, which may warrant further investigation.

Smile Aesthetics

This section helps patients clearly define their aesthetic goals, allowing clinicians to understand specific concerns like tooth color, spacing, or alignment. A patient seeking a complete smile makeover may benefit from being referred to a specialist with strong aesthetic expertise and experience in interdisciplinary treatment planning.