PERIODONTAL

Mark Forrest, DMD

Periodontist/Implant Surgeon

Name (*print*) _____ Date _____

1. What is the main reason that you made an appointment in our office? _____

_____

	YES	NO
2. Are you having any particular dental problem?.....	☐	☐
If yes, please specify_____		
3. Are you happy with the appearance of you teeth and gums?	☐	☐

4. What are your main dental concerns at this time?

☐ Appearance of teeth ☐ Difficulty eating ☐ Discomfort ☐ Prevention
☐ Health ☐ Fear of loss of teeth ☐ Appearance of face ☐ Other:_____

5. In your opinion what is your general dental condition?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Neglected

6. Have you noticed any areas of gum recession in your mouth?	☐	☐
7. Are you satisfied with the appearance of you teeth and gums?.....	☐	☐
8. Have you ever had a consultation with a periodontist before?	☐	☐
9. Have you ever had periodontal treatment?	☐	☐
10. Have you ever had *scaling and root planing* (deep cleaning) ?	☐	☐
If yes, when?_____		
11. Are any of your teeth painful now?.....	☐	☐
12. Do your gums bleed?.....	☐	☐
13. Are you conscious of a bad taste or bad breath?.....	☐	☐
14. Do you breathe through your mouth **most** of the time?.....	☐	☐
15. Do you clench or grind your teeth during the day or night?.....	☐	☐
16 . Do you have any jaw pain or clicking when chewing?.....	☐	☐
17. Are there any foods that you have difficulty chewing?.....	☐	☐
18. Have you noticed shifting of your teeth?.....	☐	☐
19. Have you ever had orthodontic treatment (braces)?.....	☐	☐

20. When was your last dental cleaning?_____

When was the last one before that?_____

21. Name of your **'present'** general dentist: _____

How long have you been under his/her care?_____

22. Name of your **'previous'** general dentist:

_____

City:_____

When was the last time you saw him/her?_____

How long were you under his/her care?_____

23. Why did you change dentists?_____

_____

24. Do you have any dental insurance? ☐ Yes ☐ No

If yes, please specify_____

Do you have more than one dental insurance? ☐ Yes ☐ No

If yes, please specify_____

(0ver)

1. Do you use a hand toothbrush? ☐ Yes ☐ No

If yes, is it? ☐ Soft ☐ Medium ☐ Hard

2. What brushing technique do you use?

- ☐ Up & down
- ☐ Side to side
- ☐ Circular
- ☐ Scrub
- ☐ Roll

3. Do you use any of the following?

☐ Sonicare® toothbrush How long have you been using it? _____

Has anyone ever taught you how to properly us it? ☐ Yes ☐ No

☐ Other electric toothbrush _____ How long have you been using it? _____ years

4. How many times a day do you brush your teeth? ☐ 1 ☐ 2 ☐ 3 ☐ 4 times/day

5. Do you use dental floss? ☐ Yes ☐ No

If yes, how often do you use it? _____

How long have you been doing this? _____ years

Has anyone ever taught you how to properly us it? ☐ Yes ☐ No

6. What other items do you use to clean your teeth?

- ☐ Floss threaders
- ☐ Floss holder
- ☐ Proxabrush
- ☐ Sulcus brush
- ☐ Superfloss
- ☐ Water Pik
- ☐ Other: _____

I understand that the fees for periodontal treatment that may be done for me by DR. MARK FORREST are my responsibility. Even if I have dental insurance, I will pay my annual deductible, and an estimated percentage of the total charges. If for any reason my insurance company does not pay the claim, or pays a smaller portion than anticipated, I acknowledge that I am responsible for all amounts not paid by insurance.

I hereby authorize that my dental insurance payments are made directly to DR. MARK FORREST, otherwise payable to me.

I am aware that I will be responsible for scheduled appointments. I understand that after two consecutive appointments are broken, a fee will be charged.

All account balances due more than 60 days, regardless of insurance involvement, will bear an interest rate of $1\frac{1}{2}\%$ per month, or $5, whichever is greater. I agree that should this account be referred to an attorney or agency for collection that I will be responsible for all collection costs, attorney fees, court costs, FedEx charges, and courier service charge.

Signature of responsible party: _____