



Dental Questionnaire

Christian Name:

Surname:

Male or Female:

Date of Birth:

EXCEL

DENTAL CENTRE

The Lodge, 1A Cheadle Road
Cheadle, SK8 1HW

Telephone 0161 428 1103
0161 428 1104

Contact Details

How would you like to be known in our dental practice? (i.e. first name?).....

How did you hear about us?

What is the best way to contact you?

How can we meet your expectations?

Visit History

What would you like us to do for you?

How long since your last dental visit?

Is there any aspect of attending the practice that concerns you?

(Please circle)

Dental History

Are your teeth sensitive to hot and cold?	Y	N
Or painful when you bite?	Y	N
Are there areas in your mouth where food gets trapped?	Y	N
Do you have missing teeth that you would like to replace?	Y	N
If you wear dentures are you happy with them?	Y	N

Cosmetic

Are you happy with your smile?	Y	N
Is there any part of your smile that you would like to change?	Y	N
Are you satisfied with the colour of your teeth?	Y	N
Are you happy with the spacing/alignment of your teeth?	Y	N
Do you have unsightly fillings you would like to change?	Y	N
Are you interested in facial rejuvenation treatments?	Y	N

Gum Health

Do your gums bleed when you brush your teeth?	Y	N
How many times a day do you brush your teeth?	1	2 3
Do you suffer from bad breath?	Y	N
Do you use dental floss/other interdental cleaning aids?	Y	N
Have you seen a dental hygienist before?	Y	N

Jaw Health

Do you grind, squeeze or clench your teeth together?	Y	N
Do you suffer from clicking, cracking and/or pain in your jaw joints?	Y	N
Do you suffer from headaches or migraine?	Y	N

Patient Signature

Dentist Signature

www.exceldental.co.uk

