



PERRY H. WOO, D.D.S.
General Dentistry

Patient Name _____

1. When was your last visit to a dental office? _____
What was done at that time? _____

2. Is there a particular reason why you have not returned
to your previous office? _____

3. Dentally, what concerns you the most? _____

4. Are you presently experiencing any oral pain or
discomfort? _____ If so, where? _____
For how long? _____
5. Do you have sensitivity to hot, cold or sweets? _____
If so, where? _____ For how long? _____
6. Do you have any pain in any part of your mouth to
chewing or biting? _____ If so, where? _____
For how long? _____
7. Do your gums bleed? _____ If so, when and
where? _____
8. Do you have sores, swellings, blisters, or pain on your
gums, cheeks, or lips? _____ If so,
where? _____ For how long? _____
9. Have you ever been treated for gum disease? _____
If so, when and with whom? _____
10. Have you ever had difficulty getting numb? _____
11. Have you ever used nitrous oxide for dental
treatment? _____ Was it helpful? _____
12. Do you have any specific fears of dentistry? _____

13. Have you ever had a positive experience in a dental
office? _____ If so, please describe _____

14. Have you ever had a negative experience in a dental
office? _____ If so, please describe: _____

15. How anxious are you in the dental office? (Circle one)
extremely moderately slightly not
16. Have you ever had orthodontic treatment (braces)? _____
17. Are you missing any teeth (other than wisdom teeth)?
If so, how and why are they missing? _____

18. Has there been any change in your bite? _____
19. Do you have any loose teeth? _____ If so,
where? _____
20. Do you have any difficulty opening or closing your
mouth? _____
21. Has your bite ever been "adjusted"? _____
22. Have you ever worn an Occlusal guard/Nightguard? _____
23. Does food catch between your teeth? _____ If so,
where? _____
24. Do you have unpleasant taste or odor in your mouth? _____
If so, where? _____
25. Do you frequently bite your cheeks, lips, or tongue?

26. Have you ever received oral hygiene instruction? _____
27. Are you completely happy with the appearance of your
teeth and jaws? _____ If no, please explain _____

28. What, if anything, were you told about our office that
appealed to you? _____

29. Do you have any particular interest, hobbies or
sports? _____

