

## Smile/Periodontal Evaluation

Patient's Name: \_\_\_\_\_

We would like to help you obtain the smile you always wanted and also maintain your oral health. If you are ProActive, Periodontal disease is painless. It affects 75% of the population and often victims are unaware. It may also affect your overall health. There are warning signs and the American Dental Association and our staff want you to be aware. Please take a few minutes to complete this short smile/Periodontal Evaluation form.

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| 1. Are you pleased with the appearance of your teeth when you smile              | YES | NO |
| 2. Do you have any concerns about bad breath?                                    | YES | NO |
| 3. Do your gums bleed when you brush your teeth or toothpick<br>Between them?    | YES | NO |
| 4. Are your gums red, swollen, or tender?  | YES | NO |
| 5. Are your gums pulling away from your teeth?                                   | YES | NO |
| 6. Do you see pus between your teeth and your gums when the<br>gums are pressed? | YES | NO |
| 7. Are your permanent teeth loose and separating?                                | YES | NO |
| 8. Is there any change in the way your teeth fit together when you bite?         | YES | NO |
| 9. Is there any change in the fit of your partial denture?                       | YES | NO |
| 10. What would you change (if anything) about your smile?                        |     |    |

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