DENZINGER
FAMILY DENTISTRY

Periodontal Risk Assessment Questionnaire

Patient Name _____ Date of Birth _____

IF YOU HAVE DIABETES:

Is your diabetes under control? ☐ Yes ☐ No

Are you prone to diabetic complications? ☐ Yes ☐ No

How do you monitor your blood sugar? _____

Who is your physician for diabetes? _____

IF YOU DO NOT HAVE DIABETES:

Any family history of diabetes? ☐ Yes ☐ No

Have you had any of these warning signs of diabetes?

☐ Frequent urination ☐ Excessive thirst ☐ None of these
☐ Excessive hunger ☐ Weakness and fatigue
☐ Slow healing of cuts ☐ Unexplained weight loss

Do you have any risk factors for heart disease or stroke?

☐ Family history of heart disease ☐ Tobacco use ☐ Obesity
☐ High cholesterol ☐ High blood pressure ☐ None of these

Are you taking or have you ever taken any of the following medication?

☐ Antiseizure medications (Dilantin®, Tegretol®, Phenobarbital, or other)
If so, are you still taking the anti-seizure medication? ☐ Yes ☐ No
Other antiseizure medication: _____
☐ Calcium channel blocker blood pressure medication (Procardia®, Cardizem®, Norvasc®, Verapamil®, or other)
Other calcium channel blocker medication: _____
☐ Immunosuppressant therapy (Prednisone, Azathioprine, Cyclosporins, Corticosteroids (Asthma-Inhalers), or other)
Other immunosuppressant therapy medication: _____
☐ None of these

Do you have any immediate family member(s) who has or had gum problems? (parents, siblings) ☐ Yes ☐ No

Do you have a heart murmur or artificial joint? ☐ Yes ☐ No

If so, does your physician recommend antibiotics prior to dental visits? ☐ Yes ☐ No

Physician Name _____

If you answered Yes, it is especially important to always keep your gums as healthy and inflammation-free as possible to reduce the chance of bacterial infection originating from the mouth.

FEMALES: Do you take any of the following?

☐ Estrogen/hormone replacement therapy (Prempro®, Premarin® Premphase®, Fosamax®, Actonel®, Evista®, Fortéo®, or other)
Other estrogen/hormone replacement therapy medication: _____
☐ None of these

Are you under a lot of stress? ☐ Yes ☐ No

Do you find it difficult to maintain a well-balanced diet? ☐ Yes ☐ No

Have you noticed any of the following signs of gum disease?

☐ Bleeding gums during toothbrushing ☐ Gums pulled away from the teeth ☐ Change in how your teeth fit together
☐ Red, swollen or tender gums ☐ Pus between the teeth and gums ☐ Food catching between teeth
☐ Persistent bad breath ☐ Loose or separating teeth ☐ None of these

Is it important to keep your teeth for as long as possible? ☐ Yes ☐ Not Really

If you have missing teeth, why have you not had them replaced? _____

Do you like the appearance of your smile? ☐ Yes ☐ No

Do you like the color of your teeth? ☐ Yes ☐ No

Do your teeth keep you from eating any specific food? ☐ Yes ☐ No