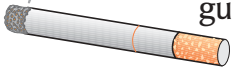


## Periodontal Risk Assessment Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

### Tobacco Use

Tobacco use is the most significant risk factor for gum disease.



#### Do you now or have you ever used the following:

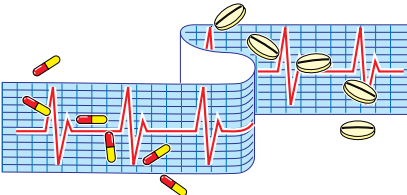
	Amounts per day	Used for how many years	If you quit, list what year
<input type="checkbox"/> Cigarette	_____	_____	_____
<input type="checkbox"/> Cigar	_____	_____	_____
<input type="checkbox"/> Pipe	_____	_____	_____
<input type="checkbox"/> Chewing	_____	_____	_____

### Blood Sugar



### Diabetes

Gum disease is a common complication of diabetes. Untreated gum disease makes it harder for patients with diabetes to control their blood sugar.

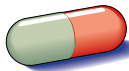


### Heart Attack/Stroke

Untreated gum disease may increase your risk for heart attack or stroke.

### Medications

A side effect of some medications can cause changes in your gums.



### Family History/ Genetics

The tendency for gum disease to develop can be inherited.



#### IF YOU ARE A PATIENT WHO HAS 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 ARE NOT A PATIENT WHO HAS DIABETES:

Any family history of diabetes? ☐ Yes ☐ No  
Have you had any of these warning signs of diabetes?  
☐ frequent urination ☐ excessive thirst  
☐ 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

If you have any of these other risk factors it is especially important for you to always keep your gums as healthy as possible.

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

☐ Antiseizure medications. (such as Dilantin®, Tegretol®, Phenobarbital, etc.)  
☐ Yes ☐ No

If you answered yes, are you still taking the anti-seizure medication?  
☐ Yes ☐ No

Other Medication: \_\_\_\_\_

☐ Calcium Channel Blocker blood pressure medication. (such as Procardia®, Cardizem®, Norvasc®, Verapamil®, etc.)

Other: \_\_\_\_\_

☐ Immunosuppressant therapy (such as Prednisone, Azathioprine, Cyclosporins, Corticosteroids (Asthma-Inhalers), etc.)

Other: \_\_\_\_\_

#### Is there an immediate family member(s) who currently has or had gum problems in the past? (e.g. your mother, father, or siblings):

☐ Yes ☐ No



## Heart Murmur, Artificial joint prosthesis

If you have even the slightest amount of gum inflammation, bacteria from the mouth can enter the bloodstream and may cause a serious infection of the heart or joints.



### Do you have a heart murmur or artificial joint?

☐ Yes ☐ No

### If so, does your physician recommend antibiotics prior to dental visits?

☐ Yes ☐ No

Name of physician? \_\_\_\_\_

*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

Females can be at increased risk for gum disease at different points in their lives.

### The following can adversely affect your gums. Please check all that apply:

- ☐ Pregnant ☐ Nursing ☐ Menopause  
☐ Taking birth control pills  
☐ Infrequent care during previous pregnancies

## Women

Women with osteoporosis have a greater risk for periodontal bone loss.



### Females:

### Do you take any of the following:

- ☐ Estrogen Replacement Therapy/Hormone Replacement Therapy  
 (such as Prempro®, Premarin®, Premphase®, Fosamax®, Actonel®, Evista®, Fortéo®, etc.)

Other: \_\_\_\_\_



## Stress

High levels of stress can reduce your body's immune defense.

### Are you under a lot of stress?

☐ Yes ☐ No

## Nutrition

Your diet has the potential to affect your periodontal health.



### Do you find it difficult to maintain a well-balanced diet?

☐ Yes ☐ No

All patients please complete the following: 

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

- |  |  |
|--|--|
| <input type="checkbox"/> Bleeding gums during toothbrushing        | <input type="checkbox"/> Pus between the teeth and gums            |
| <input type="checkbox"/> Red, swollen or tender gums               | <input type="checkbox"/> Loose or separating teeth                 |
| <input type="checkbox"/> Gums that have pulled away from the teeth | <input type="checkbox"/> Change in the way your teeth fit together |
| <input type="checkbox"/> Persistent bad breath                     | <input type="checkbox"/> Food catching between teeth               |

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