

PERIODONTAL SCREENING QUESTIONS

Name

Date

Do you have any concerns or problems with your gums at this time?

YES NO

Do your gums bleed easily when you brush?

YES NO

Are your gums red, swollen or tender?

YES NO

Have your teeth drifted, separated, or become loose?

YES NO

Are your gums pulling away from your teeth?

YES NO

Has there been a change in the way your teeth fit together when you chew or bite?

YES NO

Are you concerned about bad breath?

YES NO

Have either of your parents lost their teeth from gum disease?

YES NO

Are you aware that periodontal disease increases your risk of heart disease and diabetes in addition to being linked to premature low birth rate babies?

YES NO