Patient Welcome Questionnaire, For Dr. Rudisill

Hello, and welcome to the practice! We thank you for choosing us to help you with your dental needs; **WE ARE GLAD YOU ARE HERE!**

How did you hear about the practice?

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Our purpose here is to evaluate your teeth, gums, TMJ and bite. Afterwards, and possibly at a second consultation appointment, we will discuss the findings and/or give you recommendations on how you could improve your conditions, if any. Is this consistent with what you are expecting from us? Yes / No (circle one) If no, briefly describe your dental goals.

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Are you interested in improving your smile? If so, please elaborate…

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Over time, as our jaw gets smaller from the body's own bone metabolism, we can gradually develop crowded, crooked and sensitive teeth, which may lead to our losing them. Is this something you would like to have evaluated? Yes / No (please circle) If no, why not?

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Have you been prescribed a CPAP over the years? If so, are you able to wear the mask? Yes / No (please circle)

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Dentists are now very informed about screening for, and helping with, sleep apnea. (This is when we stop breathing at night including snoring, causing our heart to pump harder and faster, leading to high blood pressure, tachycardia and atrial fibrillation, as well as help cause pre-stroke conditions). Is this something you may be interested in evaluating your risks? Yes / No (circle one) If no, why not?

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Do you know, or have you been told, that you clench your teeth? Yes / No (circle one) This may be accompanied by sore jaws in the morning, a tightening of the jaw muscles, and frequent headaches; it can be one of the most destructive forces on our teeth. Is this something you would like us to evaluate for you? Yes / No (circle one)

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Thanks for your cooperation in answering these questions. Is there anything else about your dental history that you would like us to know?

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