

SPRUCEWOOD DENTAL ASSOCIATES
1050 Hinesburg Rd
South Burlington, VT 05403

Patient Name: Date:.....

Please circle *yes* or *no* for each question:

Are your teeth sensitive to:

- Hot or cold:..... yes/no
- Biting or chewing:..... yes/no
- Sweets:..... yes/no

Have you ever had:

- Orthodontic treatment.....yes/no
- A bite plate or guard.....yes/no
- Periodontal treatment.....yes/no
- Extraction/oral surgery.....yes/no
- Serious injury to mouth or headyes/no

Do any of these apply to you:

- Grind teeth:.....yes/no
- Bite cheek:.....yes/no
- Mouth breather:.....yes/no
- Bulimia/anorexia:.....yes/no
- Cigar/cigarette:.....yes/no
- Pipe:.....yes/no
- Smokeless tobacco:.....yes/no
- Thumb/finger habit:..... yes/no
- Dry mouth.....yes/no
- Sugary drinks, gum, or foods.....yes/no

- History of hypertension?.....yes/no
- Do you snore?yes/no
- Have you ever had a sleep study?... yes/no
- Excessively tired during the day?.....yes/no
- Have you been told that you gasp
for air or stop breathing at night?... yes/no
- Have you been told you should use a
CPAP?yes/no