PREVENTATIVE, RESTORATIVE & COSMETIC DENTIST
DR.Q | CHARLYN QUIEC, DMD
139 E Colorado Blvd #1, Monrovia, CA 91016 | (626) 599.9818 | drqdental.net

Total Health™ BEYOND THE MOUTH

TOTAL HEALTH CHECKLIST

PATIENT:

This information will assist the dental professionals in assessing your oral health and its impact on your overall health. Please answer completely to the best of your knowledge.

Patient Name (Last Name, First Name): _____

Height: _____ Weight: _____

How frequently have you been brushing your teeth? _____

How frequently have you been flossing your teeth? _____

Do your gums bleed? ..... Yes ___ No ___

Are your gums sore or swollen? ..... Yes ___ No ___

Have your gums receded (do teeth look longer)? ..... Yes ___ No ___

Are your teeth loose? ..... Yes ___ No ___

Do you smoke or use tobacco products? ..... Yes ___ No ___

Do you drink excessively? ..... Yes ___ No ___

Do you have a persistent sore throat or ear pain? ..... Yes ___ No ___

Do you have unexplained numbness or pain in the face/neck/mouth? ..... Yes ___ No ___

Do you have a sore or lesion on the lips or mouth that has persisted for 2 weeks or more? ..... Yes ___ No ___

Do you have chronic hoarseness? ..... Yes ___ No ___

Do you have difficulty chewing, swallowing, or moving the jaw or tongue? ..... Yes ___ No ___

Do you have a lump or thickening in the cheek? ..... Yes ___ No ___

Do you snore or have you been told in the past you snore? ..... Yes ___ No ___

Do you regularly have excessive daytime sleepiness? ..... Yes ___ No ___

Have you been diagnosed with sleep apnea? ..... Yes ___ No ___

Do you have a heart condition? ..... Yes ___ No ___

Is there a history of heart disease in your immediate family? ..... Yes ___ No ___

Do you have a family history of diabetes? ..... Yes ___ No ___

Do you have high cholesterol? ..... Yes ___ No ___

Do you have any other health conditions? ..... Yes ___ No ___

FOR OFFICE USE ONLY

Record Blood Pressure: