



R. Craig Ford, D.D.S.

Periodontal Risk Assessment Questionnaire

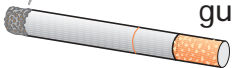
Name _____ Date _____

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	_____	_____	_____

Tobacco Use

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



Blood Sugar



Diabetes

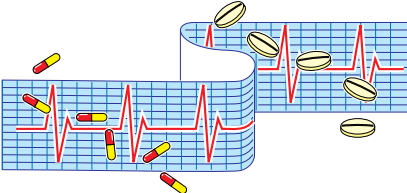
Gum disease is a common complication of diabetes. Untreated gum disease makes it harder for patients with diabetes to control their blood sugar.

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



Heart Attack/Stroke

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

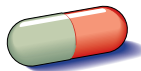
Do you have any risk factors for heart disease or stroke?

- 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.

Medications

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



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: _____

Family History/ Genetics

The tendency for gum disease to develop can be inherited.



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