

Periodontal Risk Assessment Questionnaire

Name: _____

TOBACCO USE

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	_____	_____	_____



The most significant risk factor for periodontal disease.

DIABETES

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? _____



Periodontal disease makes it harder for patients with diabetes to control their blood sugar.

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?

<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Excessive thirst
<input type="checkbox"/> Excessive hunger	<input type="checkbox"/> Weakness and fatigue
<input type="checkbox"/> Slow healing of cuts	<input type="checkbox"/> Unexplained weight loss

HEART ATTACK/STROKE

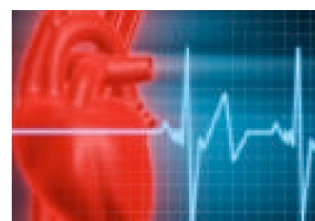
Do you have any risk factors for heart disease or stroke?

Any family history of heart disease? ☐ Yes ☐ No

High cholesterol? ☐ Yes ☐ No

High blood pressure? ☐ Yes ☐ No

Do you have a heart murmur? ☐ Yes ☐ No



Periodontal disease may increase your risk for heart attack or stroke.

MEDICATIONS

Are you taking or have you ever taken any of the following medication?

Anti-seizure medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are you still taking the anti-seizure medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calcium channel blocker blood pressure medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunosuppressant therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	_____	



Some medications can make periodontal disease worse.

FAMILY HISTORY/GENETICS

Is there an immediate family member(s) who currently has or had gum problems in the past?

Mother, father, siblings? ☐ Yes ☐ No



Genetics can be a factor in periodontal disease.

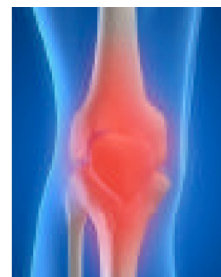
ARTIFICIAL JOINT PROSTHESIS

Do you have an artificial joint? ☐ Yes ☐ No

If yes, 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.



If you have even the slightest amount of gum infection, bacteria from the mouth can enter the bloodstream and may cause a serious infection of the heart or joints.

WOMEN

The following can adversely affect your gums.
Please check all that apply:

Pregnant? ☐ Yes ☐ No

Nursing? ☐ Yes ☐ No

Menopause? ☐ Yes ☐ No

Are you taking birth control pills? ☐ Yes ☐ No

Are you taking Estrogen Replacement Therapy/Hormone Replacement Therapy? ☐ Yes ☐ No

Other: _____



Women with osteoporosis have a greater risk for periodontal bone loss.

STRESS

Are you currently under a lot of stress? ☐ Yes ☐ No



High levels of stress can reduce your body's immune defence.

ALL PATIENTS PLEASE COMPLETE THE FOLLOWING

Have you noticed any of the following signs of periodontal disease?

- | | | |
|--|--|--|
| <input type="checkbox"/> Bleeding gums during tooth brushing | <input type="checkbox"/> Pus between the teeth and gums | <input type="checkbox"/> Changing in the way your teeth fit together |
| <input type="checkbox"/> Red, swollen or tender gums | <input type="checkbox"/> Loose or separating teeth | <input type="checkbox"/> Food catching between teeth |
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Gums that have pulled away from the teeth | |

