

CLOCKTOWER DENTAL CLINIC

NEW REFERRAL QUESTIONNAIRE

1. Do any of your teeth hurt? If yes, how long has it been hurting? On the chart below, **CIRCLE** the tooth that hurts.
2. Are any of your teeth broken? On the chart below, put an **X** through the tooth that is broken.
3. Do you have a denture?
 - a. If yes, is it an upper, lower, or both dentures?
 - b. How old are they?
 - c. Does your denture fit well?
 - i. If not, is it an upper or lower denture that does not fit well?
4. Do you have a partial denture?
 - a. If yes, is it an upper, lower, or both partial dentures?
 - b. How old is your partial?
 - c. Does your partial fit well?
 - i. If not, is it an upper or lower partial that does not fit well?
5. How long has it been since your last full set of x-rays (18 films)?
6. How long since your last teeth cleaning?
7. Are any of your teeth chipped or do they have any holes in them? Using the chart below, indicate these teeth by drawing a **TRIANGLE** around the tooth.

