

Dentistry At Its Finest

Patient Name : _____

FULL MOUTH REHABILITATION QUESTIONNAIRE

1. Are your teeth worn down or worn out? Yes No
2. My teeth don't show when I smile. Yes No
3. My teeth make me look older than I really am. Yes No
4. My face is wrinkled because of my smile, teeth, worn or missing teeth. Yes No Not Sure
5. I have given up on my teeth? Yes No
6. Are you here to find out if your teeth can be fixed or rebuilt? Yes No
7. Are you here to talk about having all your teeth removed and replacements made? Yes No
8. If YES, do you want removable teeth or non-removable? Removable Non-removable
9. How long have you been considering dealing with this problem? Just recently 6 Months 1 Year Many Years
10. How much bigger problem are your teeth, in your life? Huge Big Moderate Very Little
11. Is there anything you would like to have Dr. Matarazzo know about you, your dental problems?

Signature of Patient: _____ Date: ____/____/____