

Occlusal Disease Self Evaluation

Print and complete this form and bring it to your appointment for a detailed analysis.

Are your teeth sensitive to heat or cold?

- Yes
- Somewhat
- No

Do you grind or clench your teeth?

- Frequently
- Sometimes
- Never

Do you have notches on your teeth, especially near the gums?

- Yes
- No

Do you ever wake up with tired facial muscles?

- Frequently
- Sometimes
- Never

Do your front teeth look thin, worn-out or chipped?

- Yes
- No

Have you ever had teeth or dental work fracture or break?

- Yes
- No

Do you suffer from jaw pain?

- Frequently
- Sometimes
- Never

Do you have unexplained headaches?

- Frequently
- Sometimes
- Never