



MASON & MASON
DENTISTRY PA

Medical History Questionnaire

Name (Print): _____

1. Do you or anybody you sleep with have a snoring problem?
 YES NO
2. Have you ever been diagnosed with Obstructive Sleep Apnea (OSA)?
 YES NO
3. Did you know there could be dental therapy for a snoring or OSA problem?
 YES NO
4. Have you ever felt as if your bite was off?
 YES NO
5. Did you know that an improper bite can cause muscle tension in the head and neck?
 YES NO
6. Do your teeth feel like they fit together comfortably and normally?
 YES NO
7. Are you ever aware of, or ever been told, that you grind your teeth during the day or night?
 YES NO
8. Is anxiety during dental treatment a significant problem for you?
 YES NO
9. Did you know that it is possible to be sedated during dental therapy?
 YES NO
10. If you knew there was a safe, effective way to be sedated during dental treatment, would you be interested?
 YES NO
11. Are you satisfied with the appearance of your teeth?
 YES NO
12. If there was anything you could change about the appearance of your smile, what would it be?
 YES NO _____

Signature: _____ Date: _____