Center for Holistic Health,Nutrition, & Vacaville Thermography, Inc.
97 Dobbins St. Ste C Vacaville, CA 95688
707-451-4058

Oral Health Questionnaire

Were you breast fed? ____yes ____no

Did you have fluoride treatments at your dental appointments or live in a highly fluoridated area? ____yes ____no

Did you have orthodontic treatment? ____yes ____no

Did you have a Frenectomy? (Under upper lip or under tongue) ____yes ____no

Did you have a cleft palate? ____yes ____no

Did you wear a head gear appliance? ____yes ____no

Are you currently wearing any dental appliances? ____yes ____no

Did you have any root canals? ____yes ____no

Did you have any teeth extracted? ____yes ____no

Did you have any mouth surgery? ____yes ____no

Do you chew gum? ____yes ____no

What brand?

Do you use Xylitol? ____ yes ____no

What color are your teeth? Yellow ____ yes ____no

Grey ____ yes ____ no

Do you have any mouth piercings? ____yes ____no

Any silver fillings? ____ yes ____no

Mouth piercings? Tattoos in mouth? ____yes ____no

Please fill out dental chart attached locating any dental work.