

# Medical Questionnaire

NAME AND SURNAME: ..... AGE: .....

## Conditions

### 1. Have you been diagnosed with any of the following conditions?

(select all that apply and describe below)

- Diabetes (type 1/type 2)
- Joint diseases
- Skin diseases / conditions
- ENT (ear, nose, throat)
- Hypertension
- Heart disease (e.g., heart attack, heart failure, arrhythmia)
- Autoimmune diseases (e.g., rheumatoid arthritis, lupus)
- Osteoporosis
- Respiratory diseases (e.g., asthma, chronic obstructive pulmonary disease)
- Kidney disease (e.g., chronic kidney failure)
- Liver disease (e.g., cirrhosis)
- Thyroid diseases (e.g., hypothyroidism, hyperthyroidism)
- Ovarian disease / PCOS
- Neurological diseases (e.g., Parkinson's disease, multiple sclerosis)
- Gastrointestinal diseases (e.g., acid reflux, ulcers)
- Cancer
- Other hormonal disorders (e.g., Cushing's syndrome, adrenal insufficiency, estrogen imbalance)
- Immune system disorders (e.g., HIV, weakened immune system)
- Blood disorders (e.g., bleeding and clotting disorders, haemophilia, low platelets, anemia etc.)
- Fibromyalgia or other chronic pain syndromes (e.g., myofascial pain syndrome)
- Chronic inflammatory conditions (e.g., arthritis, inflammatory bowel disease)
- Others (please specify in question number 16)

### 2. Have you ever undergone radiation therapy or chemotherapy?

- YES  NO

### 3. Have you had any surgeries in the last 12 months?

- YES  NO

### 4. Do you experience chronic pain or musculoskeletal disorders?

- YES  NO

## Medications

### 5. Are you currently taking any of the following medications?

(Select all that apply)

- Pain relievers (e.g., NSAIDs, opioids)
- Osteoporosis medications (e.g., bisphosphonates, denosumab)
- Antidepressants (e.g., SSRIs, SNRIs, TCAs)
- Antacids / acid reflux medications (e.g., omeprazole, pantoprazole)
- Blood pressure medications (e.g., beta-blockers, ACE inhibitors)
- Immunosuppressants (e.g., corticosteroids, methotrexate)
- Cancer treatment medications (e.g., chemotherapy, immunotherapy)
- Hormonal medications (e.g., insulin, thyroid hormones, contraceptives)
- Supplements / herbal medications / over the counter medications
- Others

### 6. Have you ever taken long-term antibiotics?

- YES  NO

### 7. Are you currently taking blood-thinning medications?

- YES  NO

### 8. Are you taking bisphosphonates or denosumab (osteoporosis medications)?

- YES  NO

## Sleep Disorders

### 9. Have you ever been diagnosed with any sleep disorders?

- YES  NO

If Yes, select which of the following applies:

- Sleep apnea
- Insomnia
- Excessive daytime sleepiness
- Snoring
- Others

## Mental Health Conditions

### 10. Have you been diagnosed with mental health disorders?

- YES  NO

If Yes, select which of the following applies:

- Depression
- Anxiety disorders
- Obsessive-compulsive disorder (OCD)
- Bipolar disorder
- PTSD (post-traumatic stress disorder)
- Others

## Lifestyle Factors

### 11. Do you regularly consume alcohol?

- YES  NO

### 12. Do you currently smoke or have you smoked in the past?

- YES  NO

## Other Factors Affecting Oral Health

### 13. Do you frequently experience dry mouth (xerostomia)?

- YES  NO

### 14. Do you have difficulty swallowing or changes in taste?

- YES  NO

### 15. Do you have difficulty maintaining dentures or orthodontic appliances?

- YES  NO  Not applicable

## Specification

### 16. List any current medical conditions you are experiencing and include the medications you are taking, along with dosage and schedule.

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# Why These Questions Matter

This detailed questionnaire helps us tailor a personalized treatment plan for you. By understanding your health, habits, and past experiences, we can ensure safer and more effective dental care. Thank you for completing it—it truly helps us provide the best treatment possible.

## General Health Conditions

Conditions like diabetes, heart disease, or autoimmune disorders can impact dental treatments. Diabetes may slow healing and increase infection risk, while heart conditions may require anesthesia adjustments. Autoimmune diseases, such as rheumatoid arthritis, can affect jaw pain and bone health. Radiation therapy or chemotherapy can compromise bone density and the immune system, affecting post-surgical healing. Recent surgeries also influence your body's response to treatment, so it's essential to inform us.

## Medications

Knowing your medications is vital for safe care. Blood thinners can lead to bleeding during procedures, while antidepressants might increase teeth grinding (bruxism) and jaw pain. Bisphosphonates, used for osteoporosis, can cause bone necrosis if surgery is needed. This information helps us adjust your treatment to minimize risks.

## Allergies

We ask about allergies to medications, latex, or dental materials to prevent reactions during your treatment.

## Lifestyle & Diet

Smoking and tobacco slow healing, raise gum disease risk, and affect dental implants. Alcohol impacts blood clotting and healing, while poor nutrition can delay recovery. Knowing your habits helps us offer personalized advice to improve oral health.

## Mental Health

Stress, anxiety, or depression can exacerbate teeth grinding and worsen TMJ disorders. Understanding your mental health allows us to provide more compassionate and effective care.

## Sleep Disorders

Conditions like sleep apnea and snoring may relate to teeth grinding, dry mouth, and jaw pain. Recognizing these issues helps us recommend treatments that benefit both your dental and overall health.

## Other Oral Health Factors

Dry mouth, difficulty swallowing, or problems with dentures may indicate underlying health conditions and affect treatment options. For instance, dry mouth increases the risk of decay and gum disease, which can impact the success of dental procedures.