

Name: _____ Date : _____

PATIENT SMILE EVALUATION

Please examine your smile, specifically your upper and lower teeth, and please fill in the circle beside the descriptions that pertain to you. If it would make your concerns clearer, please draw them on the teeth/smile on the back of this page.

POSITION

Do you have

- Crooked teeth?
- Overlapping teeth?
- Teeth that stick out?
- Teeth that are hidden?

SIZE/SHAPE

Do you have

- Teeth that are too big?
- Teeth that are too small?
- Funny shaped teeth?

VOIDS

Do you have

- Gaps?
- Spaces?

STRUCTURE/INTEGRITY

Do you have

- Chipped Teeth?
- Cracked teeth ?
- Short teeth?
- Pointed edges/flattened teeth?
- Crack lines?
- Teeth that are worn down?
- Teeth that are the same length?
- Tips of your teeth are at all different positions?

COLOURATION

Do you have

- Discoloured Teeth?
- White stains?
- Brown stains?
- Teeth that are too yellow?
- Teeth that are too brown?
- Teeth that are too grey?
- Teeth that are not white?

RESTORATIONS

Do you have

- Old fillings?
- Dark Fillings?
- Discoloured Fillings?

FUNCTION

Do you have

- Chewing problems?
- Biting problems?
- Difficulty tearing into foods?
- Teeth that don't come together well?
- A favourite side of your mouth to chew? Left Right

SYMMETRY

Are your

- Upper two front teeth not mirror images of each other?
- Upper two front teeth shorter or longer than the "eye" teeth (canine/cuspids)?
- Lower six front teeth crooked or uneven in height?

VISIBILITY OF TEETH

Do you

- Not smile to hide your teeth?
- Smile with your lips together to hide your teeth?
- Smile with your hand in front of your face to hide your teeth?
- Not show enough lower teeth?
- Not show enough upper teeth?

APPEARANCE

Are you

- Unhappy with the general appearance of your teeth?
- Missing teeth and have black holes when you smile?
- Disappointed with your teeth and smile When viewing photographs of yourself?

OVER →

HABITS

Do you have any of the following habits?

- grinding teeth (daytime/nighttime)
- clenching teeth (daytime/nighttime)
- fingernail biting
- other _____

GUMS

Do you have

- Red gums?
- Purple gums?
- Swollen gums?
- Bleeding gums?
- Healthy, pink & knife-edged gums between the teeth?
- Gum tissue that is irregular in shape around necks of teeth (not half- moon shape)?
- Gums that show excessively during a full smile?
- A top lip that rises way above necks of teeth during a big smile or laugh?

NECKS OF YOUR TEETH

- Do the necks of any of your teeth have a ditched in "V" or hollowed out area?
- Does your fingernail catch at the neck of any of your teeth (right at the gumline)?
- Are the necks of teeth sensitive to hot, cold, sweets, air, or to touch?
- Are roots of your teeth now visible so the teeth look longer?

IF YOU HAVE DENTURES,

Do any of the following pertain to you?

- unsightly metal wires showing
- food caught under dentures
- denture not fitting well
- dentures showing signs of wear (teeth/acrylic)
- dentures discoloured
- pink portion discoloured or yellowing
- prefer to have something more permanent in your mouth or teeth that you don't need to remove
- discoloured teeth
- stained teeth
- unstable dentures
- uncomfortable dentures
- difficulty speaking well
- difficulty eating

IF YOU ARE UNHAPPY WITH YOUR SMILE HAS IT LED TO ANY OF THE FOLLOWING?

- decrease in self- confidence
- professional career inadequacies
- Other _____
- personal lifestyle changes
- health problems



OTHER COMMENTS
