

ORAL HEALTH ASSESSMENT



To complete an online version of this assessment, use your smartphone camera to scan this code or go to bit.ly/ca-md-assessment. Hover over the code and tap on your screen to access the form.

Please fill out this form so we can help provide you with the best care. Complete one form for each member of your household who is a DentaQuest Plan member. Once you are done, mail the form(s) back to the mailing address listed below. You can download new member surveys by visiting DentaQuest.com.

Name: _____ Date of Birth: _____

Phone: _____ (Cell) _____ (Home) E-Mail: _____

Today's Date (mm/dd/yyyy): _____ DentaQuest Member ID Number: _____

Can we contact you using the email and phone number listed above? Yes No

Filing out this form is voluntary. You will not be denied care based on your confidential answers.

1. Has it been more than 12 months since your last dental visit?

Yes No

2. Do you have pain when eating cold, hot or sugary foods?

Yes No

3. Do you have a broken tooth or teeth?

Yes No

4. Is your mouth dry?

Yes No

5. Do your gums bleed when you brush or floss?

Yes No

6. Have you had any gum (periodontal) treatments?

Yes No

7. Do you wear dentures or partials?

Yes No

8. Are you currently receiving radiation or chemotherapy?

Yes No

9. Do you have a special need that makes it hard for you to see the dentist?

Yes No

If yes, which one? (select all that apply)

I have an intellectual and/or physical disability

I am nervous or afraid to visit the dentist

I use a wheelchair or stretcher

Other (please explain) _____

10. Are you pregnant?

Yes No

11. Do you have a health problem or illness that makes it hard for you to see the dentist?

Yes No

If yes, which one? (select all that apply)

Diabetes

Kidney disease

Heart disease

Lung disease

Cancer

Mental illness or mental health problem

Drug or alcohol use or abuse

Other (please explain) _____

12. Do you have any other type of problem that makes it hard for you to see the dentist? (For example, "I don't have a way to get to the dentist.")

Yes No

If yes, (please explain) _____

Please return the completed form to:

DentaQuest, ATTN: Case Management
PO Box 2906, Milwaukee, WI 53201-9292

Dental benefits are provided by California Dental Network. California Dental Network does business as DentaQuest. Throughout this document, California Dental Network is referred to as DentaQuest.