

ORAL HEALTH ASSESSMENT

Please fill out this form so we can give you the best care possible. Complete one form for each member of your household who is a DentaQuest Plan member. You have two easy ways to complete this form:

1. Use the QR code below or visit bit.ly/florida-member-survey to fill it out online; or
2. Mail the form(s) to DentaQuest using the postage paid pre-addressed return envelope.

Name: _____

Date of Birth: (mm/dd/yyyy): _____

Phone: _____ (Cell) _____ (Home)

Today's Date: (mm/dd/yyyy): _____

DentaQuest Member ID Number: _____



You can access the Florida Medicaid dental member site by scanning the QR code.

1. Do you have tooth pain or a dental problem right now?

☐ Yes ☐ No

2. Have you been to the Emergency Room for a dental problem in the past 12 months?

☐ Yes ☐ No

3. Was your last visit to the dentist more than 12 months ago?

☐ Yes ☐ No

4. Do you brush your teeth less than twice a day?

☐ Yes ☐ No

5. 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)

6. Are you pregnant?

☐ Yes ☐ No

7. 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
- ☐ HIV
- ☐ Other (please explain)

8. 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)

Scan the QR code to submit online or mail to:

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

Monday - Friday 8 a.m. to 7 p.m.

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