

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.