

**Jack H. Leverett, D.D.S., P.C.**  
**Jack H. Leverett, Jr., D.M.D., A.B.G.D.**

**Periodontal (Gum) Disease Risk Assessment**

Gum disease affects millions of Americans each year and often goes unnoticed until serious problems occur. Please take a few minutes to answer the following questions and bring this assessment to your appointment.

**1. How old are you?**

less than 25 years     25 to 40 years     41 to 65 years     over 65 years

**2. Gender**     Male     Female

**3. Do your gums ever bleed?**     Yes     No

**4. Are your teeth loose?**     Yes     No

**5. Have your gums receded, or do your teeth look longer?**     Yes     No

**6. Do you smoke or use tobacco products?**     Yes     No

**7. Do you currently have any of the following health conditions?** (please mark all that apply)

Heart Disease     Osteoporosis     Osteopenia     High Stress

Diabetes: controlled with \_\_\_\_\_

**8. Are you pregnant?**     Yes     No

**9. Have you ever been told that you have gum problems, gum infection or gum inflammation?**

Yes     No

**10. Do you have a family history (parents or siblings) of gum disease?**     Yes     No

**11. Have you had a tooth or teeth (other than your wisdom teeth) removed due to gum disease?**

Yes     No

**12. Have you noticed that your teeth are loose or that your bite has changed?**     Yes     No

**13. Have you seen a dentist within the last two years?**     Yes     No

**14. Do you frequently have bad breath?**     Yes     No

**15. How often do you use an antimicrobial mouth rinse (examples: Listerine®, Crest Pro-Health®, Peridex®)**

I use \_\_\_\_\_     1-3 times per day     Once a day     Occasionally

*Thank you for completing your Periodontal (Gum) Disease Risk Assessment. Please return this completed form to a member of our team to help us better understand your oral condition and help you keep your smile healthy.*

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Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_