



## Bite Assessment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

In order to make your experience at our dental office more effective, please review and respond as needed to the following questions.

**Please circle each item that describes a symptom that you currently have, or may have had in the past.**

Pain or discomfort

Jaw joint click or pop - occasionally or frequently

You have to wiggle your jaw to find the "right bite" Tension

Headaches

Worn teeth (edges of teeth look worn/chipped)

Pain upon biting

Pain when opening fully

Gaps or crowding of teeth (food may get stuck in small spaces)

Cracked or fractured teeth

None of These Apply

Our knowledgeable team prides ourselves in helping to educate patients with regard to the alignment and importance of your bite. *Straight, properly aligned* teeth can help you *avoid the negative effects* of periodontal disease, premature wear and occlusal trauma.

Notes:

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