

Patient Name:

Date:

Oral Health and Signs and Symptoms Questionnaire

On their own the many symptoms below can be caused by a wide variety of factors, heavy metal toxicity being one of them. Given this, it is difficult for anyone to accurately diagnose heavy metal toxicity. However, a collection or a complex of the symptoms below may point toward chronic metal toxicity and/or sensitivity/hypersensitivity. Please rate the occurrence of the below described symptoms to find your total score and the level of imbalance.

SCORING SCALE

0= Never 2= Occasionally 3= Frequently
4= infrequently with severe symptoms 5= almost always

Section 1

How long has it been since you last visited a dentist? Include all types of dentists. Such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

6 Months or less	0
More than 6 months, but not more than 1 year ago	2
More than 1 year, but not more than 2 years ago	3
More than 2 years ago, but not more than 3 years ago	4
More than 3 years, but not more than 5 years ago	5
More than 5 years ago	6
Never have been	7
Refused	8
Don't know	9

Total Score Section 1 _____

Oral Health
Section 2:

Over the last year have you experienced:

Pain in a tooth or molar	___
Bleeding Gums	___
Pain in your face	___
Migraine	___
Pain in your Jaw Joint	___
Sore in your mouth	___
Difficulty Chewing	___
Difficulty Tasting	___
Difficulty Swallowing	___
Bad Breath	___
Bad Taste in your mouth	___
Dry mouth when you eat	___
Dry mouth when you sleep	___
Other (non toothache) pain in your mouth	___
Total Score Section 2	_____

Oral Health

Section 3

Do you have mercury amalgam fillings?

No Mercury Amalgam Fillings	0
1-3 Mercury Amalgam Fillings	4
4-8 Mercury Amalgam Fillings	8
9 or more Mercury Amalgam Fillings	12

Total scoring section 3

Section 4

Did you have the nerve removed from any of your teeth and filled by a
Endodontist (root canal specialist)

Endodontist (root canal specialist)	4
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Dentist	10
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Scoring Section 4

Total Scoring Section 1-4

Signs and Symptoms of Environmental/Heavy Metal sensitivity

**Please score 0= Never 2 = Occasionally 3= Frequently
4= infrequently with severe symptoms 5 = Almost always**

Psychological:

- | | |
|---|--------------------------------|
| -- Irritability and unreasonable anger | -- Anxiety |
| -- Nervousness | -- Difficulty in breathing |
| -- Restlessness | -- Depression |
| -- Exaggerated response to stimulation | -- Emotional instability |
| -- Loss of recent memory | -- Lack of self control |
| -- Brain Fog | -- Inability to make decisions |
| -- Insomnia | -- Inability to concentrate |
| -- Fits of anger, with violent irrational behaviour | -- Loss of self-confidence |
| -- Shyness of timidity, easily embarrassed | -- Attention deficit (ADD) |
| -- Despondency | -- Drowsiness |
| -- Suicidal tendencies | -- Manic depression |

TOTAL SCORE =

Neurological:

- | | |
|---|---|
| -- Headaches, often migraine type | -- Tinnitus(ringing in the ears) |
| -- Tremors (hands, feet, eyelids) | -- Hearing difficulties |
| -- Numbness and tingling of hands, feet, lips | -- Paraesthesia (tingling/numbness) O |
| -- Muscular weakness | -- Impaired visual field |
| -- Diffuse myalgia (muscle pain) | -- Restricted, dim vision |
| -- Twitching of eyelids, trigger fingers | -- Glaucoma In-coordination, clumsiness |
| -- Diminished visual acuity | |
| -- Multiple Sclerosis | -- Parkinson's disease |
| -- Dizziness | -- Acute or chronic vertigo |
| - Speech and visual impairment | |

TOTAL SCORE =

Skin:

- Itchiness
- Psoriasis
- Red blotches on palms and soles of feet
- Dermatitis
- Eczema
- Itchy or tender scars

TOTAL SCORE =

Immunological:

- Repeated infections (viral, bacterial, fungal, mycobacterial, yeast infestation)
- Allergies
- Rhinitis
- Cancer
- Arthritis
- Multiple Sclerosis
- Hypothyroidism
- Sinusitis
- White cell abnormalities
- Chronic Fatigue
- Lupus Erythematosus
- Scleroderma

TOTAL SCORE =

Hormonal:

- Chronic Fatigue
- Cold and clammy hands, feet
- Excessive perspiration
- Low body temperature

TOTAL SCORE =

Digestive tract:

- Food sensitivities (milk and eggs)
- Crohn's Disease
- Candida
- Parasites
- Loss of appetite with or without weight loss
- Irregular heart beat
- Abnormal blood pressure (high, low)
- Unexplained elevated cholesterol and serum triglyceride
- Abdominal cramps
- Chronic constipation
- Diaphorrea
- Bloating, wind
- Cardio vascular
- Heart racing
- Tightness in chest

TOTAL SCORE =

Urinal genital:

- Increased frequency of urination
- Loss of Libido
- Increased bladder infections
- Chronic kidney disease
- Adrenal disease
- Nocturia (urination during the night)
- Prostate problems
- Cystitis
- Kidney infections

TOTAL SCORE =

Head, neck and oral cavity disorders:

- Gum disease
- Metallic taste
- Mouth ulcers
- Burning sensation
- Loose teeth
- Halitosis
- Excessive salivation
- Scalloped edges of tongue
- Amalgam tattoo
- Jaw dysfunction

TOTAL SCORE =

Systemic Effects:

- Chronic headaches
- Thyroid disturbance
- Allergies
- Unexplained anemia

TOTAL SCORE =

Total score for whole questionnaire:

TOTAL SCORE =

Scores in the range of 1-30 may indicate a mild imbalance.
Scores in the range of 31-60 may indicate a moderate imbalance
Scores in the range of 61-100 may indicate a severe imbalance.
Scores in the range above 100 may indicate a critical imbalance