

Burning Mouth Symptom & Dental Visit Record

Describe what you feel and when it happens

Use these notes to help explain your symptoms. This sheet cannot diagnose the cause. You do not need to finish it before seeking care.

Name / date:

1. My symptom summary

When did it start? How often does it happen?

Where do I feel it? (Tongue, lips, palate, gums, or elsewhere)

What does it feel like? Any dryness or taste changes?

2. Brief symptom notes

Record a few examples. Severity: 0 = no discomfort; 10 = worst imaginable.

Date / time	0-10	What happened / better or worse?

Consider foods, drinks, oral-care products, or dental appliances. Note effects on eating or sleep.

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Bring these details to your dental appointment

Do not stop or change prescribed medicines without speaking with your prescribing clinician.

1. Medicines and recent changes

Attach your full medicine and supplement list, including doses. Note recent medicine, toothpaste, mouthwash, or appliance changes below.

2. Questions for my dentist

Could dry mouth, irritation, infection, or medicines contribute? Do I need tests or a referral? What can help, and when should I follow up?

My other questions:

3. Recommendations and follow-up

Dentist / appointment date / office phone:

Recommendations received (or attach visit instructions):

Follow-up date / when to call sooner:

Reference: National Institute of Dental and Craniofacial Research, Burning Mouth Syndrome. Educational record; not a diagnosis or treatment plan.