

MEDICATION & MOUTH SYMPTOM DISCUSSION SHEET

Record possible patterns and bring this sheet to your dentist and prescribing healthcare professional. It does not determine whether a medicine caused a symptom.

Name: _____

Date completed: _____

Dentist: _____

Primary clinician: _____

Important Medication Reminder

Do not stop, skip, reduce or otherwise change a prescription medicine on your own. If you suspect a side effect, contact the healthcare professional who prescribed it. Bring a complete list that includes prescriptions, over-the-counter medicines, vitamins and supplements.

1. Current Medicines and Supplements

Medicine / supplement	Dose and schedule	Why I take it	Prescriber	Start or recent change

2. Mouth Changes I Have Noticed

☐ Dry or sticky mouth ☐ Waking at night needing water ☐ Thick saliva
☐ Burning, soreness or ulcers ☐ Red or white areas ☐ Cracked lips
☐ Taste change / metallic taste ☐ Gum swelling or overgrowth ☐ Gum bleeding
☐ New cavities ☐ Tooth sensitivity ☐ Denture discomfort
☐ Difficulty chewing ☐ Difficulty swallowing ☐ Other: _____

Main symptom and severity (0-10): _____

3. How the Symptoms Affect Me

Symptoms affect: ☐ Eating ☐ Speaking ☐ Sleeping ☐ Denture use ☐ Daily cleaning

What makes symptoms better or worse: _____

Products or remedies already tried: _____

SYMPTOM TIMELINE & APPOINTMENT NOTES

Dates do not prove cause, but they can help your healthcare team recognize patterns and decide what to evaluate.

4. Symptom Timeline

Date / time	Mouth symptom and severity	Medicine started, stopped or dose changed	Food, product or other factor

5. Questions for My Dentist

- ☐ Could dry mouth be increasing my cavity or root-decay risk?
- ☐ Do I have gum changes, irritation, infection or another condition that needs treatment?
- ☐ Are my dentures, crowns, bridges or implants being affected?
- ☐ Do I need a different fluoride plan, cleaning method or moisturizing product?
- ☐ Which findings should I share with my prescribing professional?

Dentist's notes: _____

6. Questions for My Prescribing Professional

- ☐ Could a medicine, combination of medicines or dose change be contributing?
- ☐ Is there a safe way to reduce the side effect without reducing treatment benefit?
- ☐ Should timing, dosage, formulation or an alternative be considered?
- ☐ Could a medical condition or dehydration be contributing instead?
- ☐ Which symptoms require prompt evaluation?

Prescriber's notes: _____

7. Agreed Next Steps

- ☐ Continue medicine as prescribed
- ☐ Dental evaluation
- ☐ Medical review
- ☐ Monitoring
- ☐ Fluoride plan
- ☐ Dry-mouth comfort plan
- ☐ Product / routine change

What I will do: _____

Who I will contact: _____ By when: _____

Follow-up date: _____

When to Get Help

Seek prompt professional advice for persistent or worsening mouth pain, swelling, sores, white patches, repeated cavities, difficulty eating or swallowing, or symptoms that began after a medication change. Seek urgent medical care for severe swelling, trouble breathing or swallowing, uncontrolled bleeding, or another rapidly worsening problem.