

DENTAL HISTORY

*** Please write "Y" for Yes or "N" for No where necessary ***

Primary reason for this dental appointment: Examination Emergency Consultation

Date of your last dental visit : _____ For what? _____

Date of your last dental cleaning _____

Do you have a specific dental problem? Describe _____

What kind of dental procedures have you had done in the past? _____

Do you have any sensitive teeth? Which ones? _____

Have you ever had a toothache or a fractured tooth? _____

Have you ever had peridontal problems? _____

Do you like your smile? Why? _____

Does food catch between your teeth or do you have areas that are difficult to floss? _____

Does loss of teeth tend to run in your family? _____

Do you ever have clicking, popping or discomfort in the jaw joint? _____ Do you brux or grind? _____

Have you ever had Orthodontics (Braces)? _____

Have your past experiences in a dental office always been positive? _____

Do you smoke or chew do you have any sores or growths in your mouth? Describe _____

Name of previous dentist (Optional) _____

Why did you leave your last dentist? _____

DENTAL HISTORY

continued

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Have you noticed spots or stains on your teeth that concern you? _____

Anything else that concerns you about the appearance of your teeth? _____

If you could change anything about your smile, what would you change? _____

Do you have a denture or partial denture? ___ How old are they? _____ How do you like them? _____

Have you ever required Nitrous Oxide (Laughing Gas) or sedatives for your dental treatment? Describe _

Have you ever had an injury to your head & neck? If yes, how long ago and please describe the injury _____

Have you ever been in a car accident? Explain _____

Do you have pain in your jaw joints? Explain _____

Has your jaw ever locked open or locked shut? _____

Are you aware of clenching or grinding your teeth? _____

How often do you brush? _____ floss? _____ use an ultrasonic type toothbrush? _____

Is there anything you want the doctor or staff to know about you before you come into the office? _____

Check Your Level of Bravery



Don't worry...
we are very gentle