Dental History

What is the reason for your visit today?

Date of Last Dental Visit:	Last Dental Cleaning:	Last Full Mouth X-rays:

What was done at your last dental visit?

Previous Dentist Name:	Telephone:

Address:

How often do you have dental examinations?	How often do you brush your teeth?	How often do you floss?

What other dental aids do you use? (Electric toothbrush, waterpik, toothpick, etc.)

Do you have any dental problems now? If yes, please describe:

Are any of your teeth sensitive to:

Y	N	
☐	☐	Hot or Cold
☐	☐	Sweets
☐	☐	Biting or chewing
☐	☐	Have you ever noticed any mouth odors or bad tastes
☐	☐	Do you frequently get cold sores, blisters or any other oral lesions

Do your gums bleed or hurt:

Y	N	
☐	☐	Have your parents experienced gum disease or tooth loss
☐	☐	Have you noticed any loose teeth or change in your bite
☐	☐	Does food tend to become caught in between your teeth

Do You:

Y	N	
☐	☐	Clench or grind your teeth while awake or asleep
☐	☐	Bite your lips or cheeks regularly
☐	☐	Hold foreign objects with your teeth (pencils, pipe, pins, nails, fingernails)
☐	☐	Mouth breathe while awake or asleep
☐	☐	Smoke/chew tobacco

Have you ever had:

Y	N	
☐	☐	Orthodontic treatment
☐	☐	Oral Surgery
☐	☐	Periodontal treatment
☐	☐	Your teeth ground or the bite adjusted
☐	☐	A serious injury to the mouth or head

If so, please describe, including cause:

Have you experienced:

Y	N	
☐	☐	Clicking or popping of the Jaw
☐	☐	Pain (joint, ear, side of face)
☐	☐	Difficulty in opening or closing the mouth
☐	☐	Difficulty in chewing on either side of the mouth
☐	☐	Headaches, neck aches or shoulder aches
☐	☐	sore muscles (neck, shoulder)

Are you satisfied with your teeth's appearance:

Y	N	
☐	☐	Would you like to keep all of your teeth all of your life
☐	☐	Do you feel nervous about having dental treatment
☐	☐	If so, what is you biggest concern:
☐	☐	Have you ever had an upsetting dental experience

If yes, please describe:

Is there anything else about having dental treatment that you would like us to know? If yes, please describe: