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's name_____ Address_____
Phone_____
How often do you have dental examinations?_____
How often do you brush your teeth?_____ How often do you floss your teeth?_____
What other (if any) dental aids do you use? (Electric toothbrush, WaterPik, Toothpick)_____
Are you having any dental problems at this time **Y/N**
If yes, please explain briefly_____

Are any of your teeth sensitive to:

Hot or Cold?	**Y/N**
Sweets?	**Y/N**
Biting or Chewing?	**Y/N**
Have you noticed Mouth Odors or bad tastes?	**Y/N**
Do you often get cold sores, blisters or any other oral lesions?	**Y/N**

Do your gums hurt or bleed? Y/N

Have your parents experienced gum disease or tooth loss?	**Y/N**
Have you noticed any loose teeth or a change in your bite?	**Y/N**
Does food catch between your teeth?	**Y/N**

If yes, where?_____

Do You:

Clench or grind your teeth while you are awake or asleep?	**Y/N**
Bite lips or cheeks regularly?	**Y/N**
Hold foreign objects with your teeth? (Pens, fingernails, pins, bobby pins)	**Y/N**
Mouth breathe while awake or asleep?	**Y/N**
Have tired jaws, mostly in the morning?	**Y/N**
Smoke or use smokeless tobacco?	**Y/N**

Have you ever had:

Orthodontic Treatment?	**Y/N**
Oral Surgery?	**Y/N**
Periodontal Treatment?	**Y/N**
Your teeth or bite adjusted?	**Y/N**
A bite plate or mouth guard?	**Y/N**
A serious injury involving your mouth or head?	**Y/N**

Have you experienced:

Clicking or popping of the jaw?	**Y/N**
Pain? (Ear, Joint, Side of face)	**Y/N**
Difficulty opening or closing?	**Y/N**
Difficulty chewing?	**Y/N**
Headaches, shoulder or neck aches?	**Y/N**

Are you satisfied with your teeth's appearance? **Y/N**

Would you like to keep your teeth?	**Y/N**
Are you nervous about having dental treatment done?	**Y/N**

If yes, what are your concerns?_____
_____

Have you had an unpleasant dental experience?	**Y/N**