

Dental History

Date: _____

1. Why did you come to our office today?

2. What is the date of your last dental visit and what was the treatment received?

3. What was the date of your last dental cleaning?

Previous Dentist's Name: _____

Address: _____

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| 4. Are any of your teeth sensitive when you eat or drink anything hot, cold, or sweet | YES | NO |
| 5. Are any of your teeth sensitive when you bite on them or chew food? | YES | NO |
| 6. Are your gums swollen or tender? | YES | NO |
| 7. Do your gums bleed when you brush or floss? | YES | NO |
| 8. Do you use a soft toothbrush? | YES | NO |
| 9. Do you brush Daily? | YES | NO |
| If no, then how often do you brush? _____ | | |
| 10. Do you use dental floss? | YES | NO |
| If yes, how often do you floss? _____ | | |
| 11. Does floss catch or get stuck between your teeth? | YES | NO |
| 12. Does food ever catch or get stuck between your teeth? | YES | NO |
| 13. Do any of your teeth feel loose? | YES | NO |
| 14. Have you ever been told you have periodontal disease, gum disease, or pyorrhea? | YES | NO |
| 15. How would YOU rate your oral home care? | | |
| GREAT GOOD FAIR POOR | | |
| 16. Have you ever been given home care instructions by a dentist or hygienist? | YES | NO |
| 17. Do you ever have pain or clicking when opening or closing your jaw? | YES | NO |
| 18. Are you aware if you clench or set your jaw? | YES | NO |
| 19. When you wake up in the morning do you have sore teeth or a headache? | YES | NO |
| 20. Have you ever had TMJ treatment? | YES | NO |
| 21. Have you ever had your teeth straightened or braces? | YES | NO |
| 22. Are you aware of any oral habits? (thumb sucking, nail biting, nursing bottle) | YES | NO |
| 23. Have you ever experienced a problem with dental anesthesia? | YES | NO |
| 24. For Children: Are you on a fluoridated water supply? | YES | NO |
| If no, is the child taking a fluoride supplement or vitamin? | YES | NO |
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Do you have concerns about:

Cavities Gum Disease Tartar Build Up Crowned Teeth
Improving the Appearance of Your Teeth Your Children's Dental Health

Have you ever had a bad experience at a dental office? YES NO
 If yes, please explain your experience:
