PATIENT DENTAL HISTORY

Welcome! Please complete the following dental and medical history form so that we may provide you with the best possible care.

All information is completely confidential

What is the reason for your visit today?_____

_____

Date of last Dental visit _____

Previous Dentist's Name _____

Address _____

Telephone # _____

How often do you have dental examinations? _____

Do you brush daily? _____ Floss daily? _____

Do you have any dental problems now? YES NO

If yes, please describe: _____

Are your teeth sensitive to:

Hot or Cold?	YES NO
Sweets?	YES NO
Biting or Chewing?	YES NO
Have you noticed any mouth odors or bad tastes?	YES NO
Do you frequently get cold sores, lesions, blisters, or Oral Lesions?	YES NO
Do you gums bleed or hurt?	YES NO
Have your parents experienced gum disease or tooth Loss	YES NO
Have you noticed any loose teeth or change in your Bite?	YES NO
Do foods tend to get caught between your teeth?	YES NO
If yes, where? _____	

Do you:

Clench or grind your teeth while awake or asleep?	YES NO
Bite your lips or cheeks regularly?	YES NO
Mouth breathe while awake or asleep?	YES NO
Have tired jaws, especially in the morning?	YES NO
Snore or have any other sleeping disorders?	YES NO
Smoke/chew tobacco or use any other tobacco?	YES NO

Have you ever had:

Orthodontic Treatment?	YES NO
Oral Surgery?	YES NO
Periodontal Treatment?	YES NO
Teeth Ground?	YES NO
Bite Adjusted?	YES NO
Bite Plate or Mouth Guard?	YES NO
Serious injury to mouth or head	YES NO
If so, please describe _____	
_____	

Have you experienced:

Clicking or popping jaw?	YES NO
Pain (Joint, Ear, Side of Face)?	YES NO
Difficulty opening/closing Mouth?	YES NO
Headaches, Neck Aches, Shoulder Aches?	YES NO
Sore muscles (Neck or Shoulders)	YES NO
Are you satisfied with your teeth's Appearance?	YES NO
Do you feel nervous about having Treatment?	YES NO

Have you had a upsetting dental experience in the past? If yes, please describe _____

_____

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

_____