DENTAL HISTORY

CORRECT ANSWERS TO THE FOLLOWING QUESTIONS WILL ALLOW YOUR DENTIST TO TREAT YOU SO THERE WILL NOT BE AN EMERGENCY. HOWEVER, IF AN EMERGENCY SITUATION DOES ARISE THIS INFORMATION WILL HELP INSURE PROPER TREATMENT. YOUR ANSWERS ARE FOR OUR RECORDS ONLY AND WILL BE CONSIDERED CONFIDENTIAL.

1. Date of last Dental Visit? _____

2. Are you having any discomfort at this time? ___YES ___NO

3. Have you had any serious trouble associated with previous dentistry? ___YES ___NO

4. Does dental treatment make you nervous? ___YES ___NO

5. Have you ever been treated for gum disease? ___YES ___NO

6. Do you smoke? ___YES ___NO

7. Do you have or have you ever had any of the following:

Bleeding, Sore Gums	___YES ___NO	Loose Teeth	___YES ___NO
Bad Breath, Bad Taste	___YES ___NO	Sensitive to Hot	___YES ___NO
Clicking/ Popping Jaw	___YES ___NO	Sensitive to Cold	___YES ___NO
Frequent Blister, Lips/Mouth	___YES ___NO	Sensitive to Sweets	___YES ___NO
Ortho Treatment (Braces)	___YES ___NO	Food Impaction	___YES ___NO
Dental Sealants	___YES ___NO	Clenching or Grinding	___YES ___NO
Difficulty Opening or Closing Jaw	___YES ___NO	If Yes, When?	___Day ___Night
Swelling/ Lumps in Mouth	___YES ___NO	Shifting/ Change in Bite	___YES ___No

8. Do you use the Following?

Electric Tooth Brush	___YES ___NO	Dental Floss	___YES ___NO
Mouth Rinse	___YES ___NO	Other_____	

9. Is there anything about your Teeth that you would like to change?_____

10. I think that my present state of **Dental Health** is…. Excellent Good Poor

11. What are some questions about dentistry and oral health that you have never had adequately answered?

_____

_____

12. What do you fear most about Dental Care? _____

Dentistry is rapidly moving forward in the areas of cosmetics and implant dentistry. New and innovative procedures are available today that were unheard of just a few years ago. New materials and techniques are enabling us to literally transform smiles, to enhance self esteem and self image. If you have any interest in these areas, please ask one of our staff.

To the best of my knowledge, all of the preceding answers are true and correct. I will inform your office of any changes as they occur.

DATE_____Signature_____

Print Name_____