

Dental History

Patient Name: _____ **Age:** _____

What is the reason for your visit today? _____

Date of: _____

Last Dental Visit: _____ Last Dental Cleaning: _____ Last Full Mouth X-rays: _____

Previous Dentist's name: _____

Address: _____

Telephone: _____

How often do you brush your teeth: _____ How often do you floss? _____

Do you have any dental problems or concerns at this time? If yes, please describe _____

Do you feel nervous about dental treatment? If yes, explain? _____

Have you every had an upsetting dental experience? If yes, explain? _____

Is there anything else about having dental treatment that you would like us to know? If yes, explain? _____

Are any of your teeth sensitive to:

Have you ever had:

Hot or cold?.....	Yes	No	Orthodontic treatment?.....	Yes	No
Sweets?.....	Yes	No	Oral surgery?	Yes	No
Biting or Chewing?.....	Yes	No	Periodontal treatment?	Yes	No
Have you noticed any mouth odors?.....	Yes	No	A bite adjustment/equilibration?	Yes	No
Do you frequently get cold sores or oral blisters?	Yes	No	A bruxism or mouth appliance?	Yes	No
			A serious injury to the mouth or head?	Yes	No
			If so please describe? _____		

Do your gums bleed or hurt?	Yes	No	Have you ever experienced:		
Have your parents experienced gum disease or tooth loss?.....	Yes	No	Clicking or popping of the jaw?	Yes	No
Does food become caught in between your teeth?	Yes	No	Pain (joint, ear, side of face)?	Yes	No
			Difficulty opening or closing your mouth?.....	Yes	No

Do you:			Difficulty in chewing?	Yes	No
Clench or grind your teeth while awake or asleep?.....	Yes	No	Headaches, neck or shoulder ache?	Yes	No
Bite your lips or cheeks regularly?.....	Yes	No	Are you satisfied with your teeth's appearance?.....	Yes	No
Bite on pens or fingernails?.....	Yes	No	Would you like to have white teeth?....	Yes	No
Have jaw joint discomfort?	Yes	No	Would you like to have straighter teeth?.....	Yes	No
Smoke/ chew tobacco?.....	Yes	No	Would you like to replace any missing teeth?	Yes	No
Drink alcoholic beverage often?	Yes	No			

Patient/Guardian Signature: _____ **Date:** _____