

# DENTAL HISTORY

Patient Name \_\_\_\_\_

What is the reason for your visit today? \_\_\_\_\_

Do you have any special requests or concerns? \_\_\_\_\_

Previous dentist's name \_\_\_\_\_ Phone number \_\_\_\_\_

Date of last dental exam \_\_\_\_\_ Date of last dental x-rays \_\_\_\_\_

How often do you brush? \_\_\_\_\_ floss? \_\_\_\_\_

MY DENTAL HEALTH IS Excellent Good Fair Poor

Please check (✓) one box on each line:

- My mouth is very comfortable My mouth is moderately comfortable My mouth is uncomfortable  
My smile is excellent I would like to change my smile I am unconcerned about my smile  
I will do whatever I must to keep my teeth I want to keep my teeth but only within a certain budget of time and money  
I've done all dentistry recommended to me I've *not* done dentistry recommended No recommendations

Please check (✓) if you have had problems with the following:

- Bad breath  Sensitivity to hot or cold  
 Bleeding gums  Sores or growths in your mouth  
 Periodontal treatment  Pain in jaw joints  
 Food collecting between teeth  Clenching of teeth  
 Loose or broken fillings  Grinding of teeth or excessive wear
- Have you ever had periodontal treatment? Yes No      Have you ever had orthodontic treatment? Yes No

We take a keen interest in all of our patients; to help us understand you a little better, please answer the following:

Why did you select our dental office?

Why did you leave your previous dental office?

What kinds of dental treatment have you done in the past?

Have you ever had a negative experience in a dental office or are you worried or apprehensive about dental care?  
Explain...

What changes would you make in the appearance of your teeth if we could easily change anything?

What do you look for in a dentist and her team?

Is there anything that would stand in the way of you getting the proper dentistry you need?

Do you have any timelines for completion of your dentistry (i.e., moving, insurance or job changes, weddings, graduations, other?)

Please tell us about your family, hobbies, work...