Dental History

Chief Complaint

What are your present dental concerns? ____

Do you feel you have cavities? YES NO Do you feel you have gum disease? YES NO

Are you happy with the appearance of your teeth? YES NO

If no, why? ____

Would you like your teeth to be whiter? YES NO

What are your dental expectations? ____

Do you currently have problems with any of the following? (Please circle all that apply.)

Bleeding Gums	Pain When Chewing	Frequent Tooth or Fillings Breaking
Bad Breath	Jaws Clicking or Popping	Teeth Sensitive to Pressure
Unpleasant Taste	Headaches or Neck Pain	Hot/Cold Tooth Sensitivity
Loose or Chipped Teeth	Grinding/Clenching Teeth	Sweet Sensitive Teeth
Missing Teeth	Sore Areas in the Mouth	Food Collection between Teeth
Dry Mouth		

Dental Care History

Have you been required to take a "***Premed***" for past dental care? YES NO

When did you last see a dentist? ________________ When did you last have x-rays? ________________

Date of last cleaning ______________________ Have you ever had periodontal treatment? YES NO

Have you avoided regular dental care? YES NO If yes, why? ________________________________

Who was your previous dentist? ____

Address ____ City ________________ State ________

Phone (   )__________________________

Would you like us to request your records? YES NO

How would you describe your previous dental experiences?______________________________________

Hygiene Routine

How often do you brush? ___________________

Do you use an electric toothbrush? YES NO Type? ____

How often do you floss? ____________________ Type? ____

Do you use any other cleaning aids? YES NO Type? ____

Which toothpastes do you use? ____

Do you use a mouth rinse? YES NO Type? ____

Do you use fluoride? YES NO Type? ____

Do you have whitening trays? YES NO

If you wear dentures do you remove them at night? YES NO

Office Use Only

Hygiene Routine Updates

Toothbrush ____
____
____
____

Floss ____
____
____
____

Toothpaste ____
____
____
____

Rinses ____
____
____
____

Hygiene Aids ____
____
____
____

Fluoride ____
____
____
____

Whitening Products ____
____
____
____