

PATIENT INFORMATION - CONTINUED

Here at Johnson Family Dental, we are committed to understanding not only your current dental health, but your dental history. These questions will help us tailor how we care for you now, and in the future.

What is your main reason for your visit today? _____

Where did you last receive dental care? _____ Date: _____

Reason for change: _____

Have you ever had a negative dental experience? Y N

What would you like our staff to do to help ensure you have a comfortable visit?

Have you ever had a negative dental experience? Y N

Have you ever been told you have gum disease? Y N

Have you experienced any issues with your jaw joint (clicking or popping)? Y N

Have you ever been prescribed a night guard from a previous dentist? Y N

Have you had any issues with dental anesthetics? Y N

Have you ever had any experience with sedation including nitrous oxide? Y N

Do you experience any of the following in your mouth: Sensitivity to cold, heat, sweets, pressure on biting?

Can you describe your oral health routine at home? _____

Is there anything about your smile you would like to change? _____

On a scale of 1 to 10, how would you rate your oral health? 1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10, how would you rate your smile? 1 2 3 4 5 6 7 8 9 10



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