

## Dental History

What are your primary concerns with your dental health?

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Have you ever had any trouble with previous dental treatment?

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Is there a specific reason you decided to find a new dentist, or anything that we can do that will help us take care of you as best as possible?

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Do you presently have or have you had any of the following:

Bleeding/Sensitive Gums \_\_\_\_

Aching or Sensitive Teeth \_\_\_\_

Injuries to your face or jaw \_\_\_\_

Pain or discomfort in your mouth, face, or jaw \_\_\_\_

Anxiety in having dental treatment \_\_\_\_

Have you noticed if you clench or grind your teeth? \_\_\_\_\_

Do you have jaw joint (TMJ) pain? \_\_\_\_\_ Noise? \_\_\_\_\_ Locking? \_\_\_\_\_

When was your last dental visit? \_\_\_\_\_ Last Cleaning? \_\_\_\_\_

Have you had braces (orthodontics) in the past? \_\_\_\_\_

Have you had previous deep cleanings (periodontal therapy)? \_\_\_\_\_