



## Dental History

Thank you for becoming a member of our dental family!  
Our goal is to help you reach and maintain maximum oral health. Please fill out this form completely. The better we get to know you, the better we can care for you.

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

### DENTAL HISTORY

Please list any previous/present Dentists.

Name of Dentist \_\_\_\_\_

Date of last visit (approximate) \_\_\_\_\_

Name of Dentist \_\_\_\_\_

Date of last visit (approximate) \_\_\_\_\_

Why have you come to the dentist today?

\_\_\_\_\_

Does any type of dental treatment make you nervous?  Yes  No If yes, please describe \_\_\_\_\_

Are you currently in pain?  Yes  No If yes, please describe \_\_\_\_\_

Any unpleasant/difficulty experiences?  Yes  No If yes, please describe \_\_\_\_\_

How many times a day do you brush? \_\_\_\_\_

Type of bristles?  Soft  Medium  Hard

How many times a week do you floss? \_\_\_\_\_

Any difficulty flossing? \_\_\_\_\_

Are you experiencing any of the following?

- Sensitivity (hot, cold, sweet)
- Headaches, earaches, neck pain
- Teeth or fillings breaking
- TMJ/jaw pain or discomfort
- Bleeding, swollen or irritated gums
- Grinding or clenching teeth
- Loose teeth
- Tipped or shifted teeth
- Bad breath

Do you, or have you had, any of the following?

- Orthodontic treatment
- Periodontal (gum) treatments
- Tooth replacement with:
  - Implants
  - Dentures
  - Partial dentures

If you could change your smile, would you?

- Make your teeth whiter
- Make your teeth straighter
- Replace metal fillings with tooth-colored restorations
- Close spaces between your teeth
- Replace missing teeth
- Replace crowns that don't match
- Repair chipped teeth
- Have a smile makeover

Rate the following (with 5 being the highest rating).

How would you rate your current dental health? (1) (2) (3) (4) (5)

How important is your dental health to you? (1) (2) (3) (4) (5)

Where do you want your dental health to be? (1) (2) (3) (4) (5)

What is most important to you during your visit today? \_\_\_\_\_

What is most important to you about your smile and dental health? \_\_\_\_\_

If you could whiten your teeth at a cost that anyone could afford, would you like to?  Yes  No