

DENTAL HISTORY

1. Purpose of visit _____

2. Are you aware of a problem? _____

3. How long since your last dental visit? _____

4. What was done at that time? _____

5. Previous dentist's name _____

Address and Telephone of the dental office _____

6. When was the last time your teeth were cleaned? _____

7. Have you made regular visits and how often? Yes No

8. Were dental x-rays taken? Yes No

9. Have you lost any teeth or have any teeth been removed? Yes No
Why? _____

10. Have they been replaced? Yes No

11. How have they been replaced? _____

Fixed bridge Age _____

Removable bridge Age _____

Denture Age _____

12. Are you unhappy with the replacement? Yes No
If yes, explain _____

13. Would you like to know about permanent replacements? Yes No

14. Have you ever had any problems or complications with previous dental treatment? Yes No
If yes, explain _____

15. Do you clench or grind your teeth? Yes No

16. Does your jaw click or pop? Yes No

17. Have you experienced any pain or soreness in the muscles or your face or around your ear? Yes No

18. Do you have frequent headaches, neck aches or shoulder aches? Yes No

19. Does food get caught in your teeth? Yes No

20. Are any of your teeth sensitive to: Hot? Cold? Sweets? Pressure?

21. Do your gums bleed or hurt? Yes No
When? _____

22. How often do you brush your teeth and when? Yes No

23. Do you use dental floss and how often? Yes No

24. Are any of your teeth loose, tipped, shifted or chipped? Yes No

25. How do you feel about your teeth in general? _____

26. Do you feel your breath is offensive at times? Yes No

27. Have you ever had gum treatment or surgery? Yes No
What? Where? When? _____

28. Have you had any unpleasant dental experiences or is there anything about dentistry that you strongly dislike? Yes No

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE.

I UNDERSTAND THAT AN ELECTRONIC COPY OF MY SIGNATURE AND THE INFORMATION I HAVE PROVIDED WILL BE CREATED. THIS ELECTRONIC COPY WILL SERVE AS A GENUINE COPY OF MY ORIGINAL SIGNATURE AND MAY BE USED IN PLACE OF ORIGINAL FOR ANY PURPOSE.

Signature _____

Date _____

Witness _____