Dental History

Previous Dentist_____

Date of last visit_____ **Phone (____)**_____

Date of last cleaning_____

Why have you come to the dentist today?

_____

Are you currently in pain? YES NO

Where?_____

If yes, check symptoms that apply:

- ○ **Cold sensitive**
- ○ **Hot Sensitive**
- ○ **Hurts to bite or chew**
- ○ **Swelling**
- ○ **Sharp pain**
- ○ **Dull pain**
- ○ **Bad taste**
- ○ **Ulcer or pimple**
- ○ **Sensitive to sweets**

Other_____

How long has it bothered you? _____

Do you require antibiotic pre-medication prior to dental treatment?

YES NO If yes, why? _____

How often do you brush?_____ **Floss?**_____

Do you use fluoridated tooth paste? YES NO

What kind? _____-

What is you primary source of drinking water?

- ○ **City water, filtered**
- ○ **City water, unfiltered**
- ○ **Bottled water**
- ○ **Well water**

Do you like your smile? YES NO

Are you interested in any cosmetic treatment? YES NO

Past Dental Treatment:

(Check any that apply)

- ○ **Treatment for periodontal (gum) disease**
- ○ **Family history of periodontal disease**
- ○ **Have you had orthodontics (braces)**
- ○ **Have you had dental implants placed**
- ○ **Treatment for tempormandibular disorders**
- ○ **Do you wear a denture(s) or partial denture(s)**
- ○ **Have you ever had an injury to your face or jaw**
- ○ **Have you ever had a reaction to local anesthetic /novacaine**
- ○ **Have you ever had complications or illness following dental treatment**

Do you have consistent problems with:

(Check any that apply)

- ○ **Dry mouth / excessive thirst**
- ○ **Teeth sensitive to hot / cold / pressure / sweets**
- ○ **Mouth odors / bad taste / bad breath**
- ○ **Cold sores / blisters / oral lesions**
- ○ **Are you aware of any swelling or lumps**
- ○ **Sore, bleeding gums**
- ○ **Loose or drifting teeth**
- ○ **Difficulty chewing**
- ○ **Food catching between teeth**
- ○ **Clenching or grinding habits**
- ○ **Do you hear popping, clicking or snapping**
- ○ **Do you have jaw pain**
- ○ **Are you nervous about dental work**
- ○ **Other** _____