DENTAL HISTORY

How would you rate the overall condition of your mouth?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Do you have any immediate dental concerns? ◯ Yes ◯ No If yes

When did you last see a dentist?

☐ Less than 6 months ago ☐ 6 months to 1 year ago ☐ 1-3 years ago ☐ More than 3 years ago

Have you had dental x-rays tken in the past 3 years? ◯ Yes ◯ No If yes

Name and phone number of any current or recent dentists:

General Questions

Are you fearful of dental treatment?

☐ Not at all ☐ Somewhat ☐ Very ☐ Extremely

Have you ever had complications from past dental treatment?	◯ Yes ◯ No	If yes
Do you have trouble getting numb or reactions to local anesthetic?	◯ Yes ◯ No	If yes
Do you avoid brushing or flossing any part of your mouth?	◯ Yes ◯ No	If yes
Have you been avised to take antibiotics prior to dental treatment?	◯ Yes ◯ No	If yes
Are any teeth painful or sensitive to hot, cold, biting, sweets?	◯ Yes ◯ No	If yes
Have you had any cavities within the past 3 years?	◯ Yes ◯ No	If yes
Have you had cracked, broken, or chipped teeth?	◯ Yes ◯ No	If yes
Have you ever noticed an unpleasant taste or odor in your mouth?	◯ Yes ◯ No	If yes
Do you have dry mouth?	◯ Yes ◯ No	If yes
Have you ever whitened your teeth?	◯ Yes ◯ No	If yes
Are you unhappy with the appearance of your teeth?	◯ Yes ◯ No	If yes

Bite and Jaw

Have you ever had braces or other orthodontic treatment?	◯ Yes ◯ No	If yes
Have you had any teeth removed?	◯ Yes ◯ No	If yes
Do you have any difficulty chewing?	◯ Yes ◯ No	If yes
Have your teeth noticeably changed in shape or position in the last 5 years?	◯ Yes ◯ No	If yes
Do your teeth fit together when you bite down?	◯ Yes ◯ No	If yes
Do you experience jaw pain, limited opening, locking, or popping?	◯ Yes ◯ No	If yes
Do you have tension headaches or sore teeth?	◯ Yes ◯ No	If yes
Have you ever worn a bite appliance?	◯ Yes ◯ No	If yes

Gum and Bone

Have you ever been diagnosed or treated for periodontal (gum) disease?	◯ Yes ◯ No	If yes
Do you have family history of periodontal disease?	◯ Yes ◯ No	If yes
Do your gums bleed easily?	◯ Yes ◯ No	If yes
Are your teeth becoming loose?	◯ Yes ◯ No	If yes
Have you ever experienced gum recession?	◯ Yes ◯ No	If yes