

NAME _____

DATE _____

DENTAL HISTORY

Purpose of today's appointment: _____

Do you think your teeth are negatively affecting your health? Yes No If yes, please explain: _____

Do you have any unhealed/inflamed areas in/around your mouth? Yes No If yes, in what area? _____

Have you experienced any growth or sore spots in your mouth? Yes No If yes, please explain: _____

Have you ever had a cold sore or fever blister? Yes No

Have you ever had TMJ or jaw-joint problems? Yes No

Have you ever had dental anesthetic (Novacain, Xylocaine, etc.)? Yes No

 Is it hard for you to get numb? Yes No

 Any reactions to dental anesthetic? Yes No

 Any difficult extractions in the past? Yes No

 Prolonged bleeding following extractions in the past? Yes No

Do your gums bleed? Yes No

Have you ever been told you have gum disease? Yes No

Have you ever seen a gum specialist (Periodontist)? Yes No

Have you ever had treatment for gum disease? Yes No

Is any part of your mouth sensitive to biting, cold, hot, or sweets? Yes No

Do you have any oral or facial piercings? Yes No

Are you tense before or during dental treatment? Yes No

Have you ever fainted or passed out in a dental office? Yes No

Have you ever been told to take antibiotics before **ALL** dental treatment? Yes No

Have you ever had orthodontic (tooth straightening) treatment? Yes No

Have you ever had a lump in your mouth (not including tooth abscess)? Yes No

Do you have, or have you ever had loose **PERMANENT** teeth? Yes No

Have you ever had a bad experience in a dental office? Explain below. Yes No

 If yes, please explain _____

Do you have any other dental condition/symptoms not mentioned? Yes No

 If yes, please explain: _____

When was your last cleaning? _____ Last X-Rays: _____

Month and Year of last dental visit: _____

At whose office? _____

Are you pleased with your smile? yes no

If no, what would you change if you could? _____

ARE YOU INTERESTED IN ANY OF THE FOLLOWING? PLEASE CIRCLE

GUM TREATMENT WHITENING STRAIGHTENING CAPS/CROWNS

SIGNATURE _____ **DATE** _____