

Dental History

What is the most important thing we can do for you during your visit today: _____

Why did you leave your previous dentist: _____

How would you describe the condition of your teeth and gums? Good Fair Poor

Are you currently in any pain or discomfort with your teeth or gums? Yes No
If yes please explain: _____

How often do you brush your teeth? _____ Floss? _____

Do your gums bleed when you brush? Yes No

Do your gums bleed when you floss? Yes No

Have you ever experienced pain in your jaw joint? Yes No

Have you ever been treated for TMJ symptoms? Yes No
If yes please explain: _____

Do you grind or clench your teeth? Yes No

On a scale of 1-10, with 10 being the highest rating:

How important is your dental health to you?

1 2 3 4 5 6 7 8 9 10

Where would you rate your current dental health?

1 2 3 4 5 6 7 8 9 10

If I could make a change to my smile, I would:

Make them whiter _____

Make them straighter _____

Close spaces _____

Replace black fillings _____

Repair chipped teeth _____

Replace missing teeth _____

Replace old crowns that don't match _____

Have a smile makeover _____

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

Braces Dentures Partials Periodontal (gum) treatment