DENTAL HISTORY

Why did you come to the dentist today? ____________________

Your current dental health is: ❑ Good ❑ Fair ❑ Poor

When was your last cleaning? ____________________________

Did you have xrays at that time? ❑ Yes ❑ No

How often do you: Brush_____ Floss_____

Type of bristles on your toothbrush? (Circle) Hard Medium Soft

Do you do anything else to clean your teeth? ❑ Yes ❑ No

If yes, what? ___________________________________

Do your gums bleed? ❑ Yes ❑ No

Have you ever had gum disease? ❑ Yes ❑ No

Have you ever had rootplaning or a deeper cleaning? ❑ Yes ❑ No

Does food get caught between your teeth? ❑ Yes ❑ No

Have you ever experienced problems associated? with any previous dental work: ❑ Yes ❑ No

Do you or have you ever eperienced pain/discomfort in your jaw Joint (TMJ/TMD)? ❑ Yes ❑ No

Are you aware of any clenching or grinding? ❑ Yes ❑ No

Do you have frequent headaches? ❑ Yes ❑ No

Do you have any problems eating certain foods? ❑ Yes ❑ No

If yes, what? ____

Are your teeth sensitive to hot, cold or anything else? ____

Do you still have your wisdom teeth? ❑ Yes ❑ No

Do you have any mobility in your teeth? ❑ Yes ❑ No

Have you lost any teeth? ❑ Yes ❑ No

If yes, why? ____

If you could change one thing about your smile what would it be?____

For Office Use Only

I verbally reviewed the medical/dental information above with the patient named herein. Initials: _____ Date: ___________

Doctor's Comments: ____

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____

Medical History Update:

1. Date:____________ Comments:_________________________________ Signature: ________________________
2. Date:____________ Comments:_________________________________ Signature: ________________________
3. Date:____________ Comments:_________________________________ Signature: ________________________
4. Date:____________ Comments:_________________________________ Signature: ________________________
5. Date:____________ Comments:_________________________________ Signature: ________________________
6. Date:____________ Comments:_________________________________ Signature: ________________________
7. Date:____________ Comments:_________________________________ Signature: ________________________
8. Date:____________ Comments:_________________________________ Signature: ________________________
9. Date:____________ Comments:_________________________________ Signature: ________________________
10. Date:____________ Comments:_________________________________ Signature: ________________________

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