

DENTAL HEALTH HISTORY

Reason for visit: _____

When was your last dental visit? : _____

Former Dentist, Name & Address: _____

Last Full Mouth X-ray taken: _____

Does dental treatment make you nervous? :YES _____ NO _____
_____ Slightly _____ Moderate _____ Extremely

Have you ever had any serious problem associated with previous dental treatment?YES _____ NO _____
If so, explain: _____

Have you ever had any unfavorable reaction to local anesthetic?.....YES _____ NO _____

How often do you brush your teeth? _____

What texture brush do you use? _____ Soft _____ Medium _____ Hard _____ Nylon _____ Natural

How often do you floss? _____

Do your gums bleed while brushing?YES _____ NO _____

Do your gums bleed while flossing?YES _____ NO _____

Do you avoid brushing any part of your mouth because of pain?.....YES _____ NO _____
If yes, what part: _____

Do you feel twinges of pain when your teeth come in contact with:

- a) hot foods or liquids, i.e., soup, coffee, tea, etc?.....YES _____ NO _____
 - b) cold foods or liquids, i.e., ice cream, cold fruit, etc?.....YES _____ NO _____
 - c) sweets, i.e., candy, fruit, sweet desserts, etc?.....YES _____ NO _____
 - d) sours, i.e., lemons, limes, grapefruit, etc?.....YES _____ NO _____
- Do you chew on only one side of your mouth.....YES _____ NO _____

If yes explain: _____

Do your gums feel tender or swollen?.....YES _____ NO _____

Do you clench or grind your jaws while sleeping or during the day?.....YES _____ NO _____

Do your jaws ever feel tired?.....YES _____ NO _____

Do you usually have many cavities?YES _____ NO _____

Do you lose or break fillings?YES _____ NO _____

Do you gag easily?.....YES _____ NO _____

Are you familiar with the term "preventive dentistry"?.....YES _____ NO _____

Do you wear dentures or partial
Age of denture _____ Age of partial _____ How long have you worn dentures _____

Are your dentures or partial uncomfortable (explain)?

Please add anything you feel is important: _____

Dental History Notes: _____

Patient Signature