

**DENTAL HISTORY**

**Please check any of the following problems that apply to you.**

- Sensitivity (hot, cold, sweet)
- Tooth pain or discomfort when chewing
- Headaches, earaches, neck pain
- Jaw joint pain
- Teeth or fillings breaking
- Grinding or clenching teeth
- Bleeding, swollen or irritated gums
- Loose, tipped or shifting teeth
- Bad breath or bad taste in your mouth

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

- Dentures/Partials
- Oral Surgery \_\_\_\_\_
- Braces
- Periodontal (gum) treatments
- Serious Head/Neck Injury \_\_\_\_\_

**Please share the following dates:**

Your last cleaning: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Your last oral cancer screening: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Your last complete x-rays: \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>Name of Previous Dentist:</b></p> <p>_____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone Number: _____</p>
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**Why did you leave your previous dentist?**

**Have you ever had an upsetting dental experience?** \_\_\_\_\_

**Is there anything else you would like for me to know about you?** \_\_\_\_\_

**If you could whiten your teeth for a cost anyone could afford, would you do it?**

\_\_\_\_\_

**Do you smoke or use chewing tobacco? \_\_\_\_\_**  
**If yes, how much? How long?**

\_\_\_\_\_

**If you could change your smile, you would:**

- Make them brighter
- Make them straighter
- Close spaces
- Replace black metal fillings with natural, tooth-colored fillings
- Repair chipped teeth
- Replace missing teeth
- Replace old crowns that don't match
- Have a smile makeover

**On a scale of 1-10, with 10 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

How important is it for you to keep your teeth healthy for your lifetime?  
1 2 3 4 5 6 7 8 9 10

**Is there anything standing in the way of getting the smile that you want? (fear, finances)?** \_\_\_\_\_

**What is the most important thing to you about your visit today?**

\_\_\_\_\_

**Do I have your permission to tell you everything I see?** \_\_\_\_\_