Dental Health History

	YES	NO
Have you ever worn braces?	☐	☐
Would you like to have your teeth straightened?	☐	☐
Would you like to have your bite corrected?	☐	☐
Are you aware of an uncomfortable bite?	☐	☐
Are you aware of clenching, grinding or bruxing your teeth?	☐	☐
Does your jaw make noise so that it bothers you or others?	☐	☐
Does your jaw get stuck so that you can't open properly?	☐	☐
Do you have jaw pain or pain in front of the ears?	☐	☐
Do you have any jaw symptoms or headaches in the morning?	☐	☐
Have you ever worn a mouth splint or night guard?	☐	☐
Do your gums bleed easily?	☐	☐
Do your gums bleed when you floss?	☐	☐
Do your gums feel swollen or tender?	☐	☐
Have you ever been treated for periodontal disease?	☐	☐
Does food catch between your teeth?	☐	☐
Do you have difficulty chewing your food?	☐	☐
Do you chew only on one side of your mouth?	☐	☐
Do you have any loose teeth?	☐	☐
Do you have any toothaches?	☐	☐
Do you have any sensitive teeth?	☐	☐
Do you feel pain with hot food or hot liquids?	☐	☐
Do you feel pain with cold food or cold liquids?	☐	☐
Do you feel pain with sweet food or sweet liquids?	☐	☐
Do you have any cavities now?	☐	☐
Do you wear dentures or partial dentures?	☐	☐
Do you gag easily?	☐	☐
Are you satisfied with the appearance of your smile?	☐	☐
Would you like to consider whitening your teeth?	☐	☐
Are you interested in bonding, veneers or crowns to improve your appearance?	☐	☐
Do you prefer to save your teeth?	☐	☐
Do you want complete dental care?	☐	☐
Do you use fluoride supplements or fluoride gels at home?	☐	☐
Have you ever had a complication with dental treatment?	☐	☐
Are you apprehensive about dental treatment?	☐	☐

How often do you brush?_____ How often do you floss? _____

How often do you go to the dentist? every 3 months, every six months, once a year, other _____

Date of last exam _____

Previous Dentist _____

What did you like about your previous dental experience? _____

_____

What did you NOT like about your previous dental experience? _____

_____

What is your primary reason for seeking dental treatment now (chief complaint)_____

_____

_____