

DENTAL HISTORY

What prompted you to seek dental care at this time? _____

Why did you leave your previous dentist? _____

Shall we send for your x-rays? _____ Name _____

Address _____ Phone _____

Do you have regular dental check-ups? _____ How often? _____

How long ago was your last thorough dental examination? _____

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

Excellent _____ Good _____ Fair _____ Poor _____

Are you happy with the appearance of your teeth? _____

Do you have any missing teeth? _____

Are you aware of clenching or grinding your teeth? _____

Do you usually have many cavities? _____

Do you have any sensitivity in your teeth or gums? _____

Do your gums feel tender, irritated, or swollen? _____

How often do you use dental floss? _____

Has any dental treatment been suggested that was not done? _____

Do your gums bleed? _____ Does food catch between your teeth? _____

Do you avoid chewing or brushing in any part of your mouth? _____

Have you lost or broken fillings? _____

What concerns you most about dentistry? _____

Do you have any concerns about your breath? _____

How do you feel about dentistry in general?



If you could change anything about your teeth, what would it be?

It would be helpful if you would indicate below what things you are looking for most in choosing your dentist:

- Explains things so that I understand them
- Cares about me
- Is aware of my financial concerns
- Has a good appearance
- Has a pleasant staff
- Is gentle when working in my mouth
- Has an attractive office
- Keeps me and my family informed about office happenings and new trends in dentistry
- Is on time for my appointment
- Other _____