

Dental History for: _____

How did you hear about our office: (circle) Friend Referral: _____ Mailer

Our Website Drive-By Google Yahoo! Insurance Co. Other: _____

When did you last visit a dentist and what was done? _____

How often did you visit a dentist before then? _____

What types of dental treatment have you had done in the past? _____

Are your teeth sensitive to: Heat Cold Sweets Pressure

Have you had your teeth straightened with braces? No Yes If yes, when? _____

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

What do you like the most about your teeth? _____

Do you have, or have you been told, you have TMJ issues? No Yes

If yes, what treatment was done, if any? _____

Do you hear popping, clicking or snapping noises when you chew or open your mouth wide? No Yes

Do you clench or grind your teeth? No Yes If yes, when? _____

Are you aware of any swelling, lumps or bumps in your mouth/neck/face area? No Yes

Do you:

- Eat between meals Drink beverages with sugar
- Notice unpleasant tastes in your mouth Eat candy, desserts or sweets
- Have bad breath Have a dry mouth sometimes
- Have difficulty swallowing

Is there anything else you would like to share with us about your dental health? _____
