

DENTAL HISTORY

May we know the reasons for today's visit? Check-up Cleaning X-ray only Consultation Braces
 Wisdom Teeth Implant Crown Veneer Whitening
 Toothache Gum Problem Others

If you choose "Others" for the previous question, please explain the reason for today's visit here: _____

When was your last dental cleaning? _____

When was your last dental visit? _____

When did you last have dental x-ray? _____

How often do you brush your teeth? Once a day Twice a day Three times a day or after every meal

How often do you floss your teeth? Once a day Sometimes Not at all

Have you been seeing a dentist regularly? No Yes Not Sure/Maybe

Do any of your teeth feel painful? No Yes Not Sure/Maybe

Do your gums bleed when you brush? No Yes Not Sure/Maybe

Do you have any pain when you chew? No Yes Not Sure/Maybe

Do you feel that you have bad breath? No Yes Not Sure/Maybe

Have you ever had any clicking or pain in one or both of your jaw joints? No Yes Not Sure/Maybe

Do you clench or grind your teeth while awake or asleep? No Yes Not Sure/Maybe

Are you being followed-up by a dental specialist? No Yes Not Sure/Maybe

Are you unhappy with the appearance of your teeth? No Yes Not Sure/Maybe

Have you ever had an upsetting experience in a dental office, or any complications during or following dental treatment, or, do you have any questions or concerns? No Yes Not Sure/Maybe

How do you feel about dental treatment? Not at all anxious Anxious Very anxious Extremely anxious

If you are anxious about coming to the dentist, please list the things in a dental office or about dental treatment that

make you feel anxious. _____

Name: _____

Date: _____