DENTAL HISTORY

We appreciate the confidence you have placed with us to provide Dental Care to you. All information on this form is necessary for our records and is strictly confidential.

Patient Name: First_____MI_____Last_____DOB_____

Family: Spouse's Name_____Children?____ If yes, how many?_____

Names of Kids_____

Please let us know how you heard about us:

_____ Friend/Relative_____ _____Location _____Advertising (flyer,event)
_____ Insurance Company _____Yellow Pages _____Web Site
_____ Other

DENTAL HEALTH INFORMATION

THANK YOU FOR PROVIDING US WITH IMPORTANT INFORMATION THAT WILL HELP US SERVE YOU BETTER

	YES	NO		YES	NO
Are you having any discomfort?	____	___	Is the brightness of your teeth important?	____	___
Any sensitivity to hot,cold,sweets,chewing?	___	___	Do you smoke or use tobacco in any form?	____	___
Does Dental treatment make you nervous?	____	___	Do you drink coffee or tea?	____	___
Have you experienced any of following problems			If you could change your smile you would like		
Bleeding Gums	____	____	Whiter	____	___
Bad Breath	____	____	Straighter	____	___
Soreness of Jaw Joint	____	____	Close Gap	____	___
Grinding of Teeth	____	____	Replace Silver Fillings	____	___
Do you think Dental effects your health?	____	____	Repair chipped teeth	____	___
Do you think it is important for 6mth cleanings?	___	___	Replace missing teeth	____	___
Do you prefer to save your teeth?	___	___	Less Gum showing	____	___
Do you take fluoride supplement?	___	___	Replace crowns/caps that do not match	____	___
Have you ever had a special coating applied to back of your teeth to protect from decay?				____	___

On a scale of 1-10 with 10 being the highest rating. (Please circle one)

How important is dental health?
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
Where would you like your dental health to be?
1 2 3 4 5 6 7 8 9 10

When was the last time you an oral cancer exam?_____ Date of last cleaning_____

If there was a way to whiten your teeth for a very reasonable investment, would you be interested?_____

What is the most important thing to you about your future smile and dental health?_____

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