## **Dental History**

Why have you come to the dentist today?
Are you currently in pain?
Have you ever had a serious/difficult problem associated with dental work?
Is there anything else you would like to improve about your smile?

Do you feel your current dental health is:	Good	Fair	Poor		
Do your gums ever bleed? Yes No					
Have you ever been told you have periodonta	al disease?	Yes	No		
Have you ever seen a periodontist? Yes	No				
Have you had braces? Yes No					
Have you had a night splint or other appliance	e (retainer,	snore gua	ird, etc)?	Yes	No
Have you had your wisdom teeth removed?	Yes	No			
Do you now or have you ever experienced pa	ain/discomfo	ort in your	jaw joint		
Is there anything else we should know about	your mouth	?			