# DENTAL HISTORY

What is the reason for your visit today? _____

_____

**Date of Last Dental Visit** _____ **Last Cleaning** _____

Any X-Rays Taken? **YES** **NO**

General Dentist's Name: _____ Phone: (_____) _____

_____
(Street) (City) (State) (Zip)

**Do you have any dental problems now?** **YES** **NO**

If YES please describe: _____

**Are your teeth sensitive:**

| | | |
|---|---|---|
| Hot / Cold | **YES** | **NO** |
| Sweets | **YES** | **NO** |

**Have you ever had:**

| | | |
|---|---|---|
| Orthodontic Treatment | **YES** | **NO** |
| Oral Surgery | **YES** | **NO** |
| Periodontal Treatment | **YES** | **NO** |
| Your teeth ground or bite adjusted | **YES** | **NO** |
| Mouth guard | **YES** | **NO** |
| A serious injury to the mouth / head | **YES** | **NO** |

**Have you experienced:**

| | | |
|---|---|---|
| Clicking or popping of the jaw | **YES** | **NO** |
| Pain (joint, ear, side of face) | **YES** | **NO** |
| Difficulty in opening or closing the mouth | **YES** | **NO** |
| Difficulty in chewing on either side of mouth | **YES** | **NO** |
| Headaches, neckaches or shoulder aches | **YES** | **NO** |
| Canker sores, Cold sores, fever blisters | **YES** | **NO** |

Are you satisfied with your teeth's appearance? **YES** **NO**

Do you feel nervous about having dental treatment? **YES** **NO**

If so, what is your biggest concern? _____

Is there anything else about having dental treatment that you would like us to know? **YES** **NO**

If yes, please describe _____

I UNDERSTAND THAT ALL THE INFORMATION THAT I HAVE GIVEN IS NECESSARY TO PROVIDE ME WITH DENTAL CARE IN A SAFE AND EFFICIENT MANNER. I HAVE ANSWERED ALL QUESTIONS TO THE BEST OF MY KNOWLEDGE. SHOULD FURTHER INFORMATION BE NEEDED, YOU HAVE MY PERMISSION TO ASK THE RESPECTIVE HEALTH CARE PROVIDER, WHO MAY RELEASE SUCH INFORMATION TO YOU. I WILL NOTIFY THE DOCTOR OF ANY CHANGE IN MY HEALTH OR MEDICATION.

**Patient/Guardian Signature** _____ **Date** _____

**HISTORY REVIEW**

**Assistant Signature** _____ **Date** _____

**Doctor Signature** _____ **Date** _____