## DENTAL HISTORY

Approximate date of last dental visit_____

Chief concern dental _____

How often do you have your teeth professionally cleaned? _____

How often do you brush?_____

| | | |
|---|---|---|
| Do your gums ever bleed when flossing or brushing? | **yes** O | **no** O |
| Do you feel like you have prolonged bad breath? | **yes** O | **no** O |
| Are any of your teeth sore or uncomfortable on biting pressure? | **yes** O | **no** O |
| If yes, where? _____ | | |
| Are any of your teeth very sensitive to hot or cold? | **yes** O | **no** O |
| If yes, where? _____ | | |
| Does food ever catch between your teeth? | **yes** O | **no** O |
| Are you aware of clenching or grinding your teeth at any time? | **yes** O | **no** O |
| Does your face ever feel tired or sore? | **yes** O | **no** O |
| Do you feel like you have an excessive number of headaches? | **yes** O | **no** O |
| Does your jaw joint pop or click? | **yes** O | **no** O |
| Do you have any fears or anxieties about dental work? | **yes** O | **no** O |
| Have you had any previous problems with local anesthetic (numbing)? | **yes** O | **no** O |
| Are you satisfied with the color of your teeth? | **yes** O | **no** O |
| Are you satisfied with the shape and contour of your smile? | **yes** O | **no** O |

| | **(Circle one)** |
|---|---|
| 1) My mouth is ..... | A) Very comfortable<br>B) Moderately comfortable<br>C) Uncomfortable |
| 2) I..... | A) Think the appearance of my mouth is excellent<br>B) Think the appearance of mouth is adequate<br>C) Am dissatisfied with the appearance of my mouth |
| 3) ..... | A) Will do whatever is necessary to keep my teeth<br>B) Want to keep my teeth if my budget will allow it.<br>C) Don't care whether I keep my teeth or not |
| 4) I have ..... | A) Always done what was best for my dental health<br>B) Have not done what dentists have recommended for my mouth<br>C) Rarely go, and don't care much about having my dental work completed |
| 5) My present state of dental health is: | A) Excellent<br>B) Good<br>C) Poor |
| 6) I desire to have a mouth with ..... | A) Excellent Health<br>B) Good health<br>C) Poor health |

7) What are some questions about dentistry and oral health that you have never had adequately answered for you?