DENTAL HISTORY

1. What is the purpose of your visit today?

   _____

   _____

   _____

2. We would like to make your experience in our office as pleasant and positive as possible. Do you have any suggestions for us?

   _____

   _____

   _____

3. Have you ever had a bad experience in the dentistry office? yes ☐ no ☐

4. Generally, how fearful are you of dental treatment?
   not afraid ☐ moderately afraid ☐ extremely fearful ☐

5. Have you received regular professional dental care? yes ☐ no ☐
   frequency: _____
   date of last treatment: _____
   type of treatment: _____

6. Do any areas of your mouth hurt now? yes ☐ no ☐

7. Are you satisfied with the appearance and function of your teeth? yes ☐ no ☐

8. Do your gums bleed when you clean your teeth?
   ☐ always ☐ sometimes ☐ never

9. Any areas of food-packing between teeth? yes ☐ no ☐
   Where? _____

   _____

10. Have you ever had gum surgery (periodontal)? yes ☐ no ☐
    When? _____

11. Do you experience "bad breath" on a regular basis? yes ☐ no ☐

12. Have you ever worn braces? yes ☐ no ☐
    When? _____
    Do you still wear retainers? yes ☐ no ☐

13. Have you ever had your bite adjusted? yes ☐ no ☐

14. Have you ever had problems with your jaw (TMJ)? yes ☐ no ☐
    Explain: _____

    _____

    _____

    _____

15. What are your daily teeth cleaning habits?
    A. Brushing –
    How many times? _____
    and when? _____
    Texture of toothbrush:
    ☐ soft ☐ medium ☐ hard ☐ don't know
    How often do you replace your brush? _____
    Have you had instruction in toothbrush technique? yes ☐ no ☐

    B. Flossing –
    ☐ always ☐ 3-5 times/week ☐ seldom ☐ never
    Have you had instruction in flossing technique? yes ☐ no ☐
    What type of floss do you use?
    ☐ unwaxed ☐ waxed ☐ dental tape
    Any areas that shed floss? yes ☐ no ☐

    C. Use other cleaning aids? (please list) _____

    _____

    _____

    _____

    D. Do you use a special "rinse" of some kind? yes ☐ no ☐
    Brand: _____

    E. What kind of toothpaste/powder do you use?

    _____

16. Do you understand the formation of plaque and calculus (tartar) and their relationship to dental disease? yes ☐ no ☐

17. Do you use tobacco? yes ☐ no ☐
    How long have you had this habit? _____
    In what form? ☐ Cigarettes ☐ Cigars ☐ Pipe
    Amount: _____
    Do you use smokeless tobacco? yes ☐ no ☐

18. Do you eat a well balanced diet? yes ☐ no ☐

19. Do you take supplemental vitamins or minerals? yes ☐ no ☐

20. Do you regularly consume much sugar? yes ☐ no ☐
    Refined carbohydrates (starchy foods)? yes ☐ no ☐

21. Do you drink coffee or tea? yes ☐ no ☐
    Amount/frequency: _____

22. Do you consume alcohol? yes ☐ no ☐
    Amount per week: _____