Name:_____

Patient Dental History

When was your last Dental Visit? _____
Who was your last Dentist? Please write name, address and phone number if available.
_____
How would you rate your last Dental experience? Good_____ Fair_____ Poor_____
When was your last Dental Cleaning? _____
When were your last Dental X-rays taken?_____
How would you rate your current dental health? Good _____ Fair _____ Poor _____
How would you rate your current anxiety level when visiting the dentist?
Extremely Anxious_____ Slight Anxiety _____ Comfortable_____

	Yes	No
Have you ever had oral hygiene instructions?	☐	☐
Do your gums bleed while brushing or flossing?	☐	☐
Are your teeth sensitive to hot or cold liquids/foods?	☐	☐
Do you have a tooth or multiple teeth that hurt when chewing?	☐	☐
Are your teeth sensitive to sweet or sour liquids/foods?	☐	☐
Do you bite your lips or cheeks frequently?	☐	☐
Do you have any sores or lumps in or near your mouth?	☐	☐
Have you ever had a biopsy inside your mouth?	☐	☐
Have you ever had any head, neck or jaw injuries?	☐	☐
Have you ever experienced clicking or popping in your jaw joint?	☐	☐
Do you experience a grating noise from your jaw joint when opening or closing?	☐	☐
Have you ever experienced pain around your jaw joint?	☐	☐
Have you ever had your jaw locked open or closed?	☐	☐
Have you ever had difficulty opening your mouth?	☐	☐
Have you ever been treated for TMJ issues?	☐	☐
If so, how was it treated? _____		
Do you have frequent headaches?	☐	☐
If so, please describe location the best you can. _____		
Do you clench or grind your teeth?	☐	☐
Do you feel pain from any of your teeth?	☐	☐
Have you ever had any difficult extractions in the past?	☐	☐
Have you ever had any prolonged bleeding following extractions?	☐	☐
Have you had any orthodontic treatment?	☐	☐
Do you wear Removable Dentures?	☐	☐
How do they fit and feel? _____		
Do you have Dental Implants?	☐	☐
Have you had any periodontal treatment?	☐	☐

If you have any other dental concerns you would like to have addressed please describe here.
_____
_____
_____

Thank you!