



Dental History

Why have you come in today? _____

Are you currently in pain? _____

Do you require antibiotics before dental treatment? _____

Do you now or have you ever experienced pain/discomfort in your jaw joint (TMJ/TMD)? _____

Do you floss daily? _____

Do your gums bleed when you floss or brush? _____

Are your gums swollen, puffy or sore? _____

Do your gums bleed? Yes/No Have you ever had periodontal disease? Yes/No

Are your teeth sensitive to heat or cold? _____

Do any of your teeth feel loose? _____

Do you still have your wisdom teeth? _____

What type of toothbrush do you buy in regards to bristles? Hard/Medium/Soft

How long do you use a toothbrush before replacing it? _____

Do you use anything in addition to your brush and floss? _____

If yes, what? _____

Previous/Present Dentist: _____ Date of last visit: _____

What did you like most/least about your previous dentist? _____

Are you happy with the way your smile looks and if not, what would you change? _____

On a scale of 1-10, a ten being the best, how important is your dental health to you? _____

On a scale of 1-10, where do you think you are? _____