## **DENTAL HISTORY**

Referred by	Patient Name Age Nickname				
Previous Dentist	•				
Date of most recent dental exam /   Date of most recent xrays /   Date of most recent treatment (other than a cleaning) /   PutTutties year widentist every 3 m.o. 3 m.o. 12 m.o. Not routinely   WHAT IS YOUR IMMEDIATE CONCERN?   PIEASE ANSWER YES OR NO TO THE FOLLOWING:   PRESONAL HISTORY					
Date of most recent treatment (other than a cleaning) // /// // // // // // // // // // // /					
Ir outinely see my dentist every					
WHAT IS YOUR IMMEDIATE CONCERN?  PIEASE ANSWER YES OR NO TO THE FOLLOWING:  PERSONAL HISTORY  I. Mey ou field of dental treatment? How fierful, on a scale of 1 (least) to 10 (most)					
PLASE ANSWER YES OR NO TO THE FOLLOWING:  PERSONAL HISTORY   VIS NO  Avey out fault of dental treatment? How fierful, on a scale of 1 (least) to 10 (most)  Avey out fault of dental leastment?  VIS NO  Avey out end an universidal educations?  VIS NO  Avey out end to noble getting numb or had any reschore should enable the?  Did you ever had on any field of dental experience?  Did you ever had not aveit the sense of the numb or had any numb or had any reschore should any test that never developed or lost test the due to injury or facial trauma?  VIS NO					
PERSONAL HISTORY       VES       NO         1. Are you fradic of dental treatment? How fearful, on a scale of 1 (least) to 10 (most) [					
<ol> <li>Are you fearful of dental treatment? How fearful, on a scale of 1 (least) to 10 (most) [</li></ol>	PLEASE ANSWER YES OR NO TO THE FOLLOWING:				
2. Have you had an unfavorable dental experience?  I have you ever had complications from past dental treatment?  I have you ever had complications from past dental treatment?  I have you ever had complications from past dental treatment?  I have you ever had norm below missing treatment or had your bite adjusted, and at what age?  I have you ever had any treath treatment or had your bite adjusted, and at what age?  I have you ever had on been totak on your bite adjusted, and at what age?  I have you ever had on been totak or bane totak your bite adjusted, and at what age?  I have you ever had on the totak you have guino Seg, guin disease, or bone loss between your teeth?  Have you ever had on the totak you have guino Seg, guin disease, or bone loss between your teeth?  Have you ever had on the totak you have guino seg, guin disease, or bone loss between your teeth?  Have you ever had on the totak you have guino seg, guin disease, or bone loss between your teeth?  Have you ever experienced guino mecssion, or any seg more of the roots of your teeth?  Have you ever had any teeth become loss on their own (without an injury), or feel them move when chewing?  Have you ever had any teeth become loss on their own (without an injury). or feel them move when chewing?  Have you ever had any teeth become loss on your teet have you even totak any teeth sensitive in the gas 3 yeas?  Do so the amount of saliks within the past 3 yeas?  Do you feel or notice any holes (i.e. pitting, crates) on the biting surface of your teeth?  Do you feel or notice any holes (i.e. pitting, crates) on the biting surface of your mouth?  Do you feel or notice any holes (i.e. pitting, crates) on the biting surface of your mouth?  Do you feel or notice any holes (i.e. pitting, crates) on the biting surface of your mouth?  Do you feel or notice any holes (i.e. pitting, crates) on the biting surface of your mouth?  Do you feel or notice any holes (i.e. pitting, cracking), or experience limited opening or locking?  Do you feel or notice any holes (i		· · · · · · · · · · · · · · · · · · ·	YES	NO	
3. Have you ever had complications from past dental treatment?       Image you ever had brouble getting numb or had any reactions to local an esthetic?       Image you ever had brouble getting numb or had any reactions to local an esthetic?       Image you ever had any teeth removed, missing teeth that never developed or lost teeth due to injury or facial trauma?       Image you ever had any teeth removed, missing teeth that never developed or lost teeth due to injury or facial trauma?       Image you ever had any teeth removed, missing teeth that never developed or lost teeth due to injury or facial trauma?         CDD your gums bled sometimes or are they ever uncomfortable when brushing or flossing?       Image you ever had any teeth become loss on the sould be so between your teeth?         8. Have you ever had any teeth become loss on their own (without an injury), or flest teeth due to injury or flest teeth any teeth hecome loss on their own (without an injury), or flest teeth any teeth become loss on their own (without an injury), or flest them move when chewing?         1. Have you ever had any teeth become loss on their own (without an injury), or flest them move when chewing?       Image you have growes or nother some whithout an injury, or flest them move when chewing?         1. Have you ever had any teeth become loss on their own (without an injury), or flest them move when chewing any flost?       Image you ever had any teeth become loss on their own (without an injury). or flest them move when chewing?         1. Have you ever had any teeth become loss on their own (without an injury). or flest them move when chewing any flost?       Image you have growes on nother some you meet the more their owe have any teeth?         1. Have you e					
4. Have you ever had rouble getting numbor had any reactions to boal aneshelic?   5. Did you ever have braces, orthodontic treatment or had your bite adjusted, and at what age?   6. Have you had any teeth removed, missing teeth that never developed or lost teeth due to injury or fadial trauma?   6. Have you had any teeth removed, missing teeth that never developed or lost teeth due to injury or fadial trauma?   6. Have you had any teeth removed, missing teeth that never developed or lost teeth due to injury or fadial trauma?   6. Have you ever had or been tody you have gum loss, gum disease, or bone loss between your teeth?   8. Have you ever noticed an unpleasant taste, dod in your family?   1. Have you ever noticed an unpleasant taste, ondo your family?   1. Have you ever noticed an unpleasant taste, ondo your family?   1. Have you ever noticed an burning, painful sensation, or metallic taste in your mouth?   10. Bots the amount of salwa in your mouth seem too little, not enough, or doy ou have difficulty swallowing or chewing any food?   10. Doys on feed not notes on your teeth near the gum line?   11. Have you ever broken teeth, highped teeth, or had a toothach or racked filling?   12. Doso sour jaw joint ever have pain, sounds (popping, cracking), or experience limited opening or locking?   13. Have you ever broken teeth, highped teeth, or had a toothach error racked filling?   14. Have you wer broken teeth, highped teeth, or had a toothach error racked filling?   15. Dose sto erron toos on you being pushed back when you try to bite your back teeth together?   16. Doys and ever howe have pain, sounds (popping, cracking), or experience limited opening or locking?   17. Dos you ha					
<ul> <li>5. D62 i/you ever have braces, ortbodomic treatment or had your bite adjusted, and at what age?</li> <li>6. Have you had any teeth removed, missing teeth that never developed or lost teeth due to injury or facial trauma?</li> <li>CD Ox your gums bleed sometimes or are they ever uncomfortable when brushing or flossing?</li> <li>8. Have you ever had to been tod you have gum loss, gum disease, or bore loss between your teeth?</li> <li>9. Have you ever moticed an unpleasant taste, odor in your mouth, or swollen and puffy gums?</li> <li>10. Is there anyone with a history of periodorati disease in your family?</li> <li>11. Have you ever experienced gum recession, or can you see more of the roots of your teeth?</li> <li>12. Have you ever experienced a burning, painful sensation, or metallic taste in your mouth?</li> <li>COOTH STRUCTURE</li> <li>14. Have you avaities within the past 3 years?</li> <li>15. Does the amount of salve in your mouth seems too little, not enough, or do you have difficulty swallowing or chewing any food?</li> <li>15. Doos the amount of salve in your mouth seems too little, not enough, or do you have difficulty swallowing or chewing any food?</li> <li>16. Do you free groose on ontober son you teeth nert the gum line?</li> <li>17. Are any teeth sensitive to hot, odd, biting, sweets, or do you avaid brushing any part of your mouth?</li> <li>18. Do you have groose on your teeth nert the gum line?</li> <li>10. Does you groose you receive nert the expling, surface of your teeth??</li> <li>10. Doe you fave joint ever have pain, sounds (popping, cracking), or experience limited opening or locking?</li> <li>10. Doe you fave joint ever the weal ing, sounds (popping, cracking), or experience limited opening or locking?</li> <li>10. Doe you fave joint ever thave bain, sounds (popping, cracking), or experience limited opening or locking?</li> <li>10. Doe you fave joint ever thave pain, sounds (popping, cracking), or experience limited opening or locking?</li> <li>10. Doyou have difficulty chewing g</li></ul>					
<ul> <li>6. Have you had any teeth removed, missing teeth that never developed or lost teeth due to injury or facial trauma?</li> <li>GUM AND BONE</li> <li>O your guns bled sometimes or are they ever uncomfortable when brushing or flossing?</li> <li>Have you ever had or been told you have gum loss, gum disease, or bone loss between your teeth?</li> <li>Have you ever had or been told you have gum loss, gun disease, or bone loss between your teeth?</li> <li>Have you ever had or been told you have gum loss, gun disease, or bone loss between your teeth?</li> <li>Is there anyone with a history of periodontal disease in your mouth, or swollen and puffy gums?</li> <li>Is there anyone with a history of periodontal disease, in your family?</li> <li>Have you ever had any teeth become loose on their own (without an injury), or feel them move when chewing?</li> <li>Have you ever had any teeth become loose on their own (without an injury), or feel them move when chewing?</li> <li>Have you ever had on sub in your mouth, or woulde traste in your mouth?</li> <li>Does the amount of saliva in your mouth scent too little, not enough, or do you have difficulty swallowing or chewing any food?</li> <li>Do you feel on oncice any holes (ice, pitting carcitors) on the biting surface of your reoth?</li> <li>Does the amount of saliva in your mouth scent too little, not enough, or do you ave difficulty swallowing or chewing any food?</li> <li>Do you feel is ever broken teeth, chipped teeth, or had a toottacher or cracked filling?</li> <li>Do you frequently get food caught between any teeth?</li> <li>Have you ever broken teeth, chipped teeth, or had a toottacher or cracked filling?</li> <li>Do you ave difficulty chewing gum, carotis, nuts, bagels, baguettes, protein bars, or other hard, dry foods?</li> <li>Do you ave difficulty chewing gum, carotis, nuts, bagels, baguettes, protein bars, or other hard, dry foods?</li> <li>Do you have envice thet han one bite, or need to squeeze, tap your teeth hagedher or an awareness of your teeth?</li> &lt;</ul>					
7.       Do your guns bleed sometimes or are they ever uncomfortable when brushing or flossing?       Image you ever had or been told you have gun flossace, or bone loss between your teeth?         9.       Have you ever had or been told you have gun flossace, or bone loss between your teeth?       Image you ever noticed an unpleasant task, odor in your mouth, or swollen and puffy guns?         10.       Is there anyone with a history of periodontal disease in your family?       Image you ever had any teeth become loose on their own (whithout an injury), or feel them more when chewing?       Image you ever had any teeth become loose on their own (whithout an injury).         11.       Have you ever had any teeth become loose on their own (whithout an injury).       Teel them more when chewing?       Image you ever had any teeth become loose on their own (whithout an injury).         12.       Have you ever had any teeth become loose on their own (whithout an injury).       Teel them more when chewing?       Image you ever had any teeth become loose on their own (whithout an injury).         13.       Have you experienced a burning, painful sensation, or metallic taste in your mouth?       Image you experienced a burning.       Image you experienced a burning.         14.       Have you experienced instructions on your teeth near the gun line?       Image you ever broken teeth, chipped teeth, or had a toothache or cracked filling?       Image you ever broken teeth, chipped teeth, or had a toothache or cracked filling?       Image you ever have pain, sounds (popping, cracking), or experience limited opening or locking?       Image you word or h	_		ň	$\tilde{\Box}$	
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<ul> <li>28. Do you place your tongue between your teeth or close your teeth against your tongue?</li> <li>29. Do you chew ice, bite your nails, use your teeth to hold objects, or have any other oral habits?</li> <li>30. Do you clench or grind your teeth together in the daytime or make them sore?</li> <li>31. Do you have any problems with sleep (i.e. restlessness or teeth grinding), wake up with a headache or an awareness of your teeth?</li> <li>32. Do you wear or have you ever worn a bite appliance?</li> <li>SMILE CHARACTERISTICS</li> <li>VES NO</li> <li>33. Is there anything about the appearance of your mouth (smile, lips, teeth, gums) that you would like to change (shape, color, size, display)?</li> <li>34. Have you ever bleached (whitened) your teeth?</li> <li>35. Have you felt uncomfortable or self conscious about the appearance of your teeth?</li> <li>36. Have you been disappointed with the appearance of previous dental work?</li> </ul>	27.	Do you have more than one bite, or need to squeeze, tap your teeth together, or shift your jaw to make your teeth fit together?		Ō	
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Doctor's Signature \_\_\_\_

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