

DENTAL HEALTH HISTORY

When was your last dental visit? _____
How often do you see your dentist? _____
Are you having any dental problems that require immediate attention? _____
Do any of the following cause tooth discomfort? Hot _____ Cold _____ Sweets _____ Chewing _____
How often do you brush your teeth? _____
Do your gums bleed while cleaning? _____
Do your gums ever feel tender or swollen? _____
Have you had periodontal treatment? _____ If so, when? _____
Do you clench or grind your teeth? _____
Can you chew on both sides of your mouth? _____ Comfortably? _____
Do you have frequent headaches? _____ Earaches? _____
Have you ever had orthodontic treatment (braces)? _____ If so, when? _____
Do you lose or break fillings? _____
Do you usually have many cavities? _____
Do you have any loose teeth? _____ Cracked or broken teeth? _____
Do you have any noticeable wear on your teeth? _____ Food traps? _____
Do you have any missing teeth? _____ Have they ever been replaced? _____
If so, how? Fixed bridge _____ Removable partial _____ Full denture _____ Dental implant _____
Are you comfortable with the replacement? _____ Please describe _____

TMJ History:

Have you ever had a problem with your TMJs (jaw joints)? _____
Have you ever had an injury to your jaw? _____
Do your jaw joints ever hurt or become tender when you chew or talk? _____ Or open wide? _____
Do you ever hear clicks, pops or grating sounds in your jaw joints? _____
Does your jaw ever get stuck, locked or go out? _____
Do you ever have difficulty opening your jaw? _____ If so, when does this happen? _____
Do you ever have problems with your joints when you eat or chew? _____
Does your jaw ever feel tired or ache? _____

Aesthetics:

How do you feel about the appearance of your smile? _____
Would you like whiter teeth? _____
Have you ever had any cosmetic dentistry done to improve your appearance? _____
If so, are you pleased with the results? _____ Please comment _____

Have you ever had an unpleasant dental experience? _____
Please add anything you feel is important _____

