Patient Name_____

Whom may we thank for referring you?_____

Spouse's Name_____ Birth Date_____

Employer_____

Work #_____ Cell #_____ SS#_____

Relative/ Friend not living with you:

His/Her Name:_____Relationship:_____

Cell #_____ Home #_____

Dental History:

Reason for today's visit:_____

Last dental visit:_____ Last Dental Cleaning:_____

	Please Circle	
Are you currently in pain?	Yes	No
Do you require antibiotics before a dental visit?	Yes	No
Rate current dental health:	Good	Fair Poor
Do you brush daily? Yes No How many times/daily? _____		
Do use a manual or electric toothbrush? _____		
Do you floss? Yes No How often if yes? _____		
What type of bristles on your toothbrush?	Hard	Medium Soft
Do you have family history of gum disease?	Yes	No
Have you ever had gum treatment?	Yes	No
Have you ever had periodontal disease?	Yes	No
Have you ever had scaling and root planing?	Yes	No
Are your teeth sensitive to heat, cold, or anything else?	Yes	No
Do you have mobility in your teeth?	Yes	No
Do you still have wisdom teeth?	Yes	No
Do you crunch on ice?	Yes	No
Do you clench or grind your teeth?	Yes	No
Do you have a biteguard?	Yes	No
Would you like fresher breath?	Yes	No
How many soda/sports drinks do you drink daily? (1 can = 12oz.) _____		
Do you drink alcohol? _____ If so, how many drinks per week _____		
Have you been a smoker or chewed tobacco?	Yes	No
When_____ How long_____		
Do you still smoke or chew?	Yes	No
Do you, or have you ever had an eating disorder?	Yes	No
Do you have sleep apnea?	Yes	No
Have you had orthodontics?	Yes	No
If so how long did you wear braces? _____		
Do you wear a retainer?	Yes	No
Do you like the appearance of your teeth, your smile?	Yes	No
If not, explain_____ _____		
Are your teeth all in alignment (straight)?	Yes	No
If not, explain_____		
Do you have spaces between your teeth that you don't like?	Yes	No
If yes, explain_____		
Do you like the color of your teeth?	Yes	No
If not, explain_____		

What would you like to change the most in the appearance of your teeth?

_____

Signature_____ Date _____