

DENTAL HISTORY

Please check any of the following problems that apply to you:

- Sensitivity (hot, cold, sweets)
- Tooth pain or discomfort
- Headaches, earaches, neck pain
- Jaw joint pain
- Teeth or fillings breaking
- Grinding or clenching teeth
- Bleeding, swollen or irritated gums
- Loose, chipped, or shifting teeth
- Bad breath or bad taste in your mouth

Do you have or have you had any of the following?

- Dentures
- Partial Dentures
- Braces
- Periodontal (gum) treatments

If you could whiten your teeth for a cost anyone could afford, would you do it? (Circle One)

Yes No

Why did you leave your previous dentist?

If you could change your smile, you would:

- Make them brighter
- Make them straighter
- Close spaces between teeth
- Replace metal fillings with tooth-colored fillings
- Repair chipped teeth
- Replace missing teeth
- Replace old crowns that don't match the rest of your teeth
- Have a smile makeover

On a scale of 1-10, with 10 the highest rating:

How important is your dental health to you?

1 2 3 4 5 6 7 8 9 10

Where would you rate your current dental health?

1 2 3 4 5 6 7 8 9 10

What is the most important thing to you about your dental visit today?
