



**Patrick**  
**MAZZEI**  
DDS  
*Patient-first care  
that revolves around you*

6335 N. Fresno St., Suite / Suite 104 / Fresno, CA 93710 / 559-432-6474

**PATIENT DENTAL HISTORY**

Name	
Major Problem or Reason for Visit:	
How often do you brush your teeth?	When do you brush your teeth?
Do you use dental floss?	How often do you use dental floss?
Are you unhappy with the appearance of your teeth?	
How long since your last dental visit?	
What was done at that visit?	

**PLEASE CIRCLE YES OR NO**

Do you feel that you have bad breath?	YES	NO	Do you experience any soreness or pain in the facial muscles or around the ear?	YES	NO
Have you ever had gum treatment or surgery?	YES	NO	Do you have frequent headaches, neck aches or shoulder aches?	YES	NO
Have you had orthodontic treatment?	YES	NO	Are any teeth sensitive to sweets or pressure?	YES	NO
Do you clench or grind your teeth?	YES	NO	Are any teeth sensitive to hot or cold?	YES	NO
Does your jaw click or pop?	YES	NO			
Does food get caught in your teeth?	YES	NO			
Do you have dry mouth?	YES	NO			

**PLEASE EXPLAIN ANY "YES" ANSWERS:**

<b>Do your gums bleed or hurt?</b>	<b>If yes, when</b>
<b>Have you ever had any problems or complications with previous dental treatment?</b>	<b>If so, please explain:</b>

Patient/Responsible Party Signature	Date
-------------------------------------	------

Dentist's Notes: