DENTAL INFORMATION

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1. REASON FOR TODAY'S VISIT ____

2. DATE OF LAST DENTAL EXAMINATION? ____

   WAS ANY TREATMENT RENDERED OTHER THAN A CLEANING? ______________________________

3. ARE YOU CURRENTLY EXPERIENCING DENTAL DISCOMFORT? .... YES NO

4. ARE ANY OF YOUR TEETH SENSITIVE TO THE FOLLOWING:

   ___ HOT ___ SWEET ___ OTHER ______________________

   ___ COLD ___ PRESSURE

5. ARE YOU APPREHENSIVE ABOUT DENTAL TREATMENT? .... YES NO

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6. ARE YOU AWARE OF YOUR JAW MAKING CLICKING OR POPPING NOISES? .... YES NO

7. DO YOUR JAW MUSCLES FEEL TIRED, STIFF OR PAINFUL? .... YES NO

8. ARE YOU AWARE OF CLENCHING OR GRINDING YOUR TEETH? .... YES NO

   IF YES, WHEN DO YOU CLENCH OR GRIND? ___ DAYTIME ___ DURING THE NIGHT OTHER ________

9. DO YOU WEAR A NIGHTGUARD? .... YES NO

10. HAVE YOU EVER HAD ORTHODONTIC TREATMENT (BRACES)? .... YES NO

11. DO YOU WEAR ORTHODONTIC RETAINERS? .... YES NO

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12. ARE YOU PLEASED WITH THE APPEARANCE OF YOUR TEETH? .... YES NO

    IF NO, WHAT ARE DISSATISFIED WITH? ___ COLOR ___ ALIGNMENT ___ SHAPE

    ___ STAINS ___ SHAPE

    OTHER ____

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13. HAVE YOU EVER HAD PERIODONTAL TREATMENT OR GUM SURGERY? .... YES NO

    IF YES, HOW LONG AGO? ______________________

14. HAVE YOU EVER BEEN INFORMED THAT YOU HAVE GUM DISEASE? .... YES NO

15. ARE YOU EXPERIENCING ANY OF THE FOLLOWING? ___ RECEDING GUMLINE ___ RED / SWOLLEN GUM TISSUE

    ___ GUMS BLEED EASILY

16. DO YOU HAVE ANY AREAS WHERE YOU SHRED FLOSS OR IMPACT FOOD? .... YES NO

17. ARE YOU AWARE OF A BAD TASTE OR ODOR IN YOUR MOUTH? .... YES NO

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18. HAVE YOU EVER HAD ANY TEETH EXTRACTED? .... YES NO

    IF YES, WHAT WAS THE REASON? ___ WISDOM TEETH ___ ORTHODONTICS

    OTHER ______________________

19. HAVE YOU HAD DENTAL IMPLANTS PLACED? .... YES NO

    IF YES, WHEN WERE THE IMPLANTS PLACED? ______________________________

20. DO YOU WEAR REMOVABLE APPLIANCES? .... YES NO

    ___ FULL UPPER DENTURE ___ PARTIAL UPPER DENTURE

    ___ FULL LOWER DENTURE ___ PARTIAL LOWER DENTURE

21. HAS ANYONE EVER SUGGESTED IMPLANTS AS AN ALTERNATIVE TREATMENT FOR YOUR DENTURE OR PARTIAL? YES NO