

Dental Health History

(confidential)

Reason for today's visit _____

Former Dentist _____

Address _____

Date of last dental care _____ Date of last dental X-Ray _____

Check if you have had problems with any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Grinding or clench at night |
| <input type="checkbox"/> Bleeding gums | <input type="checkbox"/> Periodontal treatment |
| <input type="checkbox"/> Clicking or popping jaw, TMS | <input type="checkbox"/> Sores or growths in your mouth |
| <input type="checkbox"/> Food collection between teeth | |

How often do you floss? _____ How often do you brush? _____

Are you happy with your smile? _____ What would you change in your smile? _____

Smile Assessment

Please consider each statement carefully and circle YES or NO. The doctor and members of the dental Team will discuss your responses with you in confidence.

- | | | |
|--|-----|----|
| I am concerned about the appearance of my teeth or my smile | YES | NO |
| I am concerned about the whiteness / lack of whiteness of one or more of my teeth. | YES | NO |
| I am concerned about the position or angle of one or more of my teeth. | YES | NO |
| I am concerned about the shape of one or more of my teeth. | YES | NO |
| In social situations, I am sometimes embarrassed by my teeth or smile. | YES | NO |
| There are some things about my upper front teeth that I would like to change. | YES | NO |
| There are some things about my lower front teeth that I would like to change. | YES | NO |
| I have old fillings or previous dental treatments that are no longer satisfactory to me. | YES | NO |
| My bite is sometimes uncomfortable when chewing or biting. | YES | NO |
| I am interested in learning more about esthetic dentistry. | YES | NO |

Please use the space below to indicate any other problems, concerns, or questions. We will make every effort to listen attentively to your concerns so that we can present you with the best possible Treatment options.