

## DENTAL HISTORY

Reason for today's visit? \_\_\_\_\_

When was your last dental visit? \_\_\_\_\_

How often do you brush your teeth? \_\_\_\_\_

What texture tooth brush do you use?  Hard  Medium  Soft

How often do you floss? \_\_\_\_\_

Do your gums bleed while brushing or flossing?  Yes  No

Have you ever had any serious problem associated with previous dental treatment?

Explain \_\_\_\_\_

Check all that apply:

- Trouble getting numb for dental treatment?
- Dry Mouth
- Sensitive teeth to hot, cold, chewing, or sweets
- Does food trap between your teeth?
- Does your jaw joint (TMJ) pop, click, or make grinding noises?
- Do you clench or grind your teeth?
- Do you get canker sores?
- Do you notice a chronic unpleasant taste or odor in your mouth?
- Have you experienced gum recession?
- Have you had a deep cleaning in the past?
- Have you ever had gum surgery?
- Have you ever rotated cleanings with your general dentist and a periodontist?
- Have you tried nitrous oxide (laughing gas) for your dental procedures?

Please add anything that you feel is important: \_\_\_\_\_

\_\_\_\_\_  
**Signature** (Parent if minor) \_\_\_\_\_

Patients are responsible for the TOTAL COST of dental treatment regardless of what your insurance benefits are. We make every effort to research your dental coverage prior to your appointment and can only ESTIMATE your coverage based on what we receive online from your insurance company or what your insurance company tells us by phone.