

DENTAL HISTORY:

How did you hear about us? _____

What is the reason for today's visit? _____

Why did you leave your last dentist? _____

What did you like the most about your last dentist? _____

Do you have any dental fears? _____

When was your last dental appointment? _____

Do your gums bleed when you brush or floss? ____ Yes ____ No

Do you clench or grind your teeth? ____ Yes ____ No

Do you wake up with jaw pain/soreness? ____ Yes ____ No

Have you ever had any problems with dental treatment in the past? ____ Yes ____ No

If yes, please describe what happened? _____

Have you ever had a reaction to, or problem with, dental anesthseia? ____ Yes ____ No

If yes, please describe what happened? _____