Glen Ellyn Smiles

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DENTAL HISTORY

Patient Name: ________________________ Birth Date: ____________ Today's Date: ____________

What is the reason for your visit today? ________________________

Date of last dental visit? ____________ Last dental cleaning? ____________ Last full mouth x-rays? ____________

What was done at your last dental visit? ________________________

Previous Dentist: Name: ________________________

Address: ________________________

Phone Number: ________________________

How often do you have dental exams? ________________________

How often do you brush your teeth? ____________ How often do you floss? ____________

Do you use any dental aids (electric toothbrush, toothpick, etc.)? ________________________

Do you have any dental problems at this time? ☐ Yes ☐ No

If Yes, please describe ________________________

Check any of the following your have now or have had in the past

Sensitivity:

- ☐ Hot
- ☐ Cold
- ☐ Sweets
- ☐ Biting or chewing
- ☐ Pressure

Do you:

- ☐ Clench or grind (awake or asleep)
- ☐ Bite lips or cheeks
- ☐ Bite foreign objects: pencils, pipe, nails, etc.
- ☐ Mouth breather (awake or asleep)
- ☐ Tired jaws, especially in morning
- ☐ Jaw pop or click
- ☐ Notice food getting caught between teeth. If yes, where ________________________
- ☐ Smoke or chew tobacco
- ☐ Get cold sores, blisters, or other lesions
- ☐ Notice any loose teeth, change in bite, tipped or shifted teeth
- ☐ Notice any mouth odors or bad tastes
- ☐ Notice your gums bleed or hurt

Have your parents experienced gum disease or tooth loss? ________________________

Have you ever had:

- ☐ Orthodontic treatment? ________________________
- ☐ Oral Surgery? ________________________
- ☐ Periodontal treatment? ________________________
- ☐ Your teeth ground or bite adjusted? ________________________
- ☐ A bite plate or mouth guard? ________________________
- ☐ A serious injury to the mouth or head? ☐ Yes ☐ No

If yes, please describe ________________________

Are you satisfied with your teeth? ☐ Yes ☐ No

If no, please describe ________________________