

DENTAL HISTORY

The most important concerns regarding my dental health are: _____

Are you currently having dental discomfort? If yes, explain: Yes No:

Please list any additional concerns or comments: _____

Dental Health (Please circle one) Excellent Good Fair Poor

What priority do you give your smile (10 being the highest) 1 2 3 4 5 6 7 8 9 10

Please Circle:

| | |
|--------------------------------------------------------------|----------------------------------------------------------|
| Do you have any missing teeth? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have missing teeth been replaced?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Orthodontic appliances now or in the past?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gums bleed when brushing or flossing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you concerned about gum disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any history of gum disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does it hurt to bite or chew? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you clench or grind your teeth?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you want your mouth properly restored and pain free?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Do you have any concerns about the appearance of your teeth? _____

Please circle one:

1. A) I think the appearance of my mouth is excellent.
 B) I am satisfied with the appearance of my mouth.
 C) I am dissatisfied with the appearance of my mouth.

2. A) I will do anything to keep my natural teeth.
 B) I want to keep my natural teeth, but have a certain budget of time and money that I am willing to spend on them.
 C) I don't care whether I keep them or not.

3. A) I have set goals for my oral health with a previous dentist.
 B) I want to set goals concerning my dental health.
 C) I have never set goals concerning my oral health.

4. A) I do exactly what is recommended for my dental health.
 B) I have done what dentists have recommended for my mouth.
 C) I rarely go and don't care much about having my dental work completed.

What will be the most important factors for your satisfaction with our office?

PREVIOUS DENTAL OFFICE INFORMATION:

Dentist Name _____

Practice Name _____ PracticePhone# _____

Date of last dental visit _____

Signature _____ Date _____