

# DENTAL HEALTH HISTORY

Mooresmiles Dental

Patient Name \_\_\_\_\_

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Does your jaw make noise so that it bothers you or others?.....          | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you clench or grind your jaw?.....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had problems with previous dental treatment?.....               | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you gag easily?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you wear dentures?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does food catch between your teeth?.....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have difficulty chewing food?.....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Do your gums bleed easily?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever noticed slow-healing sores in or about<br>your mouth?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your teeth sensitive?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you dissatisfied with the appearance of your teeth?.....             | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

What kind of toothpaste do you use? \_\_\_\_\_

Approximate date of last cleaning? \_\_\_\_\_

Name of your previous dentist/location? \_\_\_\_\_

Have you had dental treatment by a specialists in the past?

If yes, please list the specialist's name/procedure. (oral surgeon, periodontist, endodontist, ect.)

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## Treatment Goals

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Anything else you would like the hygienist/dentist to know:

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Please note: We feel that each patient's time is valuable. When your appointment is made, a room is reserved, your records are prepared, and special instruments are readied for your visit. We ask that if you must change an appointment, please give us at least 48 hours notice.