

Dental History

English Rows Dental Group

Please answer each question or write "don't know" on the line

Please write any comments on the back of this page

Purpose of initial visit:

Are there any concerns you would like addressed? _____

Is there anything that you would change with your teeth? _____

Would you be interested in an esthetic evaluation with before and after simulations? YES NO

Previous dental experience:

When was your last professional dental cleaning? _____

When was your last dental visit? _____

What was done? _____

Dentist's name _____

Address _____

Have you made regular dental visits in the past? YES NO

How often? _____

Were x-rays taken? YES NO

How often do you brush? _____

How often do you floss? _____

Are you unhappy with the appearance of your teeth? YES NO

Are you interested in an orthodontic consultation? YES NO

Have you lost or had teeth removed? YES NO

Why? _____

Were they replaced? YES NO

How? _____

Fixed Bridge?

Implants?

Denture (Full or Partial)?

Are you dissatisfied with the replacement? YES NO

If so, why? _____

Would you like to learn about implants? YES NO

Have you had any complications with dental treatment in the past? YES NO

Please explain: _____

Do you grind your teeth? YES NO

If so, do you currently have an appliance to protect your teeth? YES NO

Are you aware of any problems with your jaw? YES NO

Does your jaw click or pop? YES NO

Do you feel any pain or discomfort in your jaw? YES NO

Do you feel any facial muscle pain or pain near your ears YES NO

Do you get headaches, shoulder or neck pain? YES NO

Do you get food caught in your teeth? YES NO

Are your teeth sensitive? YES NO

To what? Hot | Cold | Sweets | Pressure

Do your gums bleed or hurt? YES NO

When? _____

Do you feel your breath can be offensive? YES NO

Have you ever had gum surgery or treatment? YES NO

What? _____

When? _____

Where? _____

Have you ever had orthodontic treatment? YES NO

Have you ever had an unpleasant experience at the dentist or is there anything about dentistry you have questions about?

Do you have any other questions or concerns:

I CERTIFY THAT THE ABOVE IS COMPLETE AND ACCURATE

Sign:

PATIENT'S/GUARDIAN'S SIGNATURE

DATE