



Dental History – Please tell us about your past & present dental condition

How may we help you today? _____

PREVIOUS DENTIST INFORMATION

Do you have a current dentist? Yes No If yes, who is your current dentist? _____

Did you have a previous dentist? Yes No Not Applicable

Your current dental health is: Good Fair Poor

Date of last dental visit: _____ Date of last dental cleaning: _____ Date of last dental x-rays: _____
mm/yyyy mm/yyyy mm/yyyy

Why did you leave your previous dentist? _____

CURRENT DENTAL SITUATION

Are you currently in pain? No Yes _____ and the pain is _____ on a scale of 1-10 (10 = worst)
Location of the pain you are currently experiencing

Are you missing teeth? Yes No If yes, do you have? Dentures Partials Bridges Implants

Do your gums bleed? Yes No Have you ever had gum treatment? Yes No

Do you require antibiotics prior to dental care? Yes No If yes, for what reason? _____

Are you happy with your teeth? Yes No If no, please elaborate: _____

Are you happy with your smile? Yes No If no, please elaborate: _____

PLEASE HANDLE ME WITH CARE

- I gag easily
- I have not seen a dentist in a long time and I feel uncomfortable about what you might think or say regarding my teeth and my hygiene.
- I know I have bad habits that are causing harm to my dental health. I am afraid I might not be able to break them.
- Pain relief is top priority for me.
- I don't like shots, or I've had a bad reaction to shots in the past.
- Please tell me what I need to know about my mouth so I can make an informed decision.
- My teeth are very sensitive.
- I don't like the sound of that tool that makes the picking and scraping noise.
- I don't like cotton in my mouth.
- I don't like having to take x-rays.
- I hate the noise of the drill.
- I don't like to be left sitting in the dental chair alone.
- I have difficulty listening and remembering what I hear while sitting in the dental chair.
- I have problems with my back and don't like being tipped too far back in the dental chair.
- I do not like to see dental instruments.
- I would like to talk to the dentist first (maybe in a private setting), prior to being seated in the dental chair.
- Other concerns I would like to talk about (Please specify):

