



Dental History

What is the reason for your dental visit today? EXAMINATION EMERGENCY CONSULTATION PROCEDURE
Specify: _____

Past dental treatment:

- How long ago was your last dental exam? 0-6 months 6-12 months 1-2 years >2 years DK
- How long ago was your last dental x-rays? 0-6 months 6-12 months 1-2 years >2 years DK
- How long ago was your last dental cleaning? 0-6 months 6-12 months 1-2 years >2 years DK
- YES NO DK Do you have a history of tooth extraction or oral surgery?
Specify: EXTRACTION IMPLANTS JAW SURGERY TMJ SURGERY TRAUMA
- YES NO DK Have you had any periodontal (gum) treatments? (specify): DEEP CLEANINGS SURGERY
- YES NO DK Have you ever had orthodontic treatment?
- YES NO DK Have you ever experienced problems with dental anesthetic? (needle anxiety, hard to get numb, etc.)
- YES NO DK Have you had any problems associated with previous dental treatment?
- YES NO DK Has fear ever prevented you from seeking dental care?

Dental Problems (Signs/Symptoms):

- YES NO DK Are you currently experiencing dental pain or discomfort?
If yes, is it causing headaches, earaches, or neck pains? HEADACHES EARACHES NECK PAINS
- YES NO DK Are your teeth sensitive to cold, hot, sweets, or pressure? COLD HOT SWEET PRESSURE
- YES NO DK Do you have problems with eating? TROUBLE CHEWING SWALLOWING VOMITING OTHER
- YES NO DK Do you have swelling in or around your mouth, face, or neck? MOUTH FACE NECK
- YES NO DK Do you have loose teeth?
- YES NO DK Do you have any clicking, popping, discomfort, or limited opening of the jaw?
CLICKING POPPING DISCOMFORT LIMITED OPENING
- YES NO DK Do you have or have you had sores or ulcers in your mouth? If yes, location: _____
- YES NO DK Have you ever injured your face, jaws, or teeth?
- YES NO DK Are you unhappy with your smile or the appearance of your teeth?
- YES NO DK Do you have a bad taste or bad breath? BAD TASTE BAD BREATH
- YES NO DK Do you experience dry mouth?

Dental Disease Prevention:

- How often do you brush your teeth? NEVER SOMETIMES 1x/week 1x/day AM 1x/day PM 2x/day >2x/day
- How often do you floss your teeth? NEVER SOMETIMES 1x/week 1x/day >1x/day
- Do your gums bleed when you brush or floss? NEVER SOMETIMES ALWAYS

Oral Habits:

- YES NO DK Do you clench, brux, or grind your teeth? CLENCH BRUX GRIND
- YES NO DK Do you chew on ice or potentially damaging objects (pencils, bottle caps, etc.)? ICE OBJECTS BOTH