

Patient Signature _____ **Date** ____/____/____

DENTAL HISTORY

1. Name of General Dentist _____
2. When was your last dental visit? _____ Reason for visit? _____
3. How frequently do you visit your dentist? _____ Months
4. Have you ever had periodontal treatment? Yes No
If yes, please explain _____
5. Are you having any dental problems now?: _____ Yes No
6. Your hobbies and/or special interests are? _____
7. Are you pleased with the way your teeth look? Yes No
If no, please explain _____
8. Have you ever had an injury to the head, face, or neck? Yes No
If yes, please explain _____
9. Have you ever had teeth removed? Yes No
10. Are your teeth sensitive to hot or cold? Yes No
11. Have you ever had orthodontic treatment Yes No

PERIODONTAL (GUM) INFORMATION

1. Do you feel that your gingiva (gums) are healthy? Yes No
If no, please explain _____
2. Do your gums bleed when brushing? Yes No
3. Have you ever been told that you have gum disease? Yes No
If yes, please explain _____
4. Do you smoke? Yes No
If yes, how may cigarettes/cigars/pipes per day? _____
5. Is there a family history of diabetes? Yes No

HEAD, NECK, TMJ (JAW JOINT) INFORMATION

1. Do you feel your jaw joint is healthy? Yes No
If no, please explain _____
2. Does your jaw joint(s) click, crack, pop, grate or make any other sound(s)? Yes No
If yes, please explain _____
3. Do you grind and/or clench your teeth? Yes No
4. Have you ever had jaw soreness, jaw pain, muscle soreness (jaw area) and/or neck soreness? Yes No
If yes, please explain _____
5. Has your jaw ever "locked" open or closed? Yes No
If yes, please explain _____
6. Have you ever been told that you have TMJ or "jaw joint" problems? Yes No
If yes, when and by whom? _____

The dental information provided is complete and correct to the best of my knowledge. I agree to inform this office of any changes in the patient's dental health and of recent visits to the patient's dentist at the next visit.

Patient Signature: _____ **Date:** _____

Medical/Dental History Update:

Date	B/P:	Comments:	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes:
