Dental Health History Form Today's Date_____ ______ MI ___ Last______ Nickname_____ Patient Name: First____ What are your goals in coming to our practice today?_____ What is important to you in a dentist or dental practice?_____ What has been your experience with the dentist in the past? Date of last radiographs (x-rays) and exam_____ Date of last hygiene continuing care appointment (cleaning or periodontal maintenance) Former Dentist____ Address: Street _____ City _____ State ____ Zip ____ If you left your previous dentist, what are the reasons? Have you had problems with prior dental treatment? Are you experiencing any pain now? ☐ Yes ☐ No If yes, please describe Have you ever been pre-medicated for dental treatment? ☐ Yes ☐ No If yes, why?_____ Have you been anxious about having dental treatment? \Box Yes \Box No If yes, would you be comfortable sharing why?_____ Would you like to discuss this concern with the doctor to learn about your relaxation options? What concerns do you currently have with your oral health or smile? (check all that apply) ☐ Unhappy with appearance of teeth ☐ Jaw joint pain ☐ Tooth sensitivity to hot/cold or anything else ☐ Clenching or grinding of teeth □ Overbite ☐ Food gets caught in between teeth If yes, where?___ □ Discolored teeth □ Underbite ☐ Crowding/Crooked teeth ☐ Uncomfortable bite ☐ Difficulty chewing If yes, where?____ ☐ Missing teeth □ Old fillings (gold or silver) □ Bad breath □ Spaces in between teeth □ Old crowns □ Other____ □ Loose tooth/teeth ☐ Speech problems □ Tooth shape or size ☐ Too much gum tissue when I smile Have you ever had orthodontic treatment? \Box Yes \Box No If yes, when? Have you ever had periodontal (gum tissue) treatment, such as deep cleanings, root planing, or periodontal surgery? \Box Yes \Box No

If yes, what method?

Are you interested in learning more about the following? (check all that apply)

Have you whitened your teeth in the past? \Box Yes \Box No

☐ Teeth Whitening	□ Tooth-colored fillings

If yes, when?_____

 $\hfill\Box$ Orthodontic treatment

□ Veneers

□ Dental implants□ How to prevent periodontal disease

☐ At-home oral hygiene care

☐ Periodontal treatment during pregnancy

☐ Oral hygiene care for infants and toddlers