



Date \_\_\_/\_\_\_/\_\_\_

Patient's Name (Last) \_\_\_\_\_ (MI) \_\_\_\_\_ (First) \_\_\_\_\_

Most recent dental exam? \_\_\_/\_\_\_/\_\_\_

Most recent dental x-rays? \_\_\_/\_\_\_/\_\_\_

How often do you have your teeth cleaned? 3 months \_\_\_ 4 months \_\_\_ 6 months \_\_\_ longer? \_\_\_

How would you describe your current dental health? \_\_\_\_\_

How do you feel about the appearance of your teeth? \_\_\_\_\_

What is your immediate dental concern? \_\_\_\_\_

**Please answer Yes or No to the following and provide any additional information in the explain section.**

Do you like the color of your teeth? Yes \_\_\_ No \_\_\_ Too light \_\_\_ Too dark \_\_\_

Do you like the shape of your teeth? Yes \_\_\_ No \_\_\_

Do you like your smile? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Do your gums look and feel healthy? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Are you happy with the color of your fillings? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Are you happy with other restorations in your mouth (crowns, veneers, bonding)? Yes \_\_\_ No \_\_\_  
Explain: \_\_\_\_\_

Do you have any particular dental anxiety or fears? Explain: \_\_\_\_\_

Do you have any problems with dental anesthesia? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Do you ever have an unpleasant odor or taste in your mouth? Yes \_\_\_ No \_\_\_  
Explain \_\_\_\_\_

Do you have dry mouth, throat or eyes? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Do you have jaw problems (TMJ/Temporomandibular joint)? Yes \_\_\_ No \_\_\_  
Explain: \_\_\_\_\_

Do you have difficulty opening your mouth widely? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Do you awaken with stiffness in your mouth or jaw? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Do you get tension headaches? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Do you clench or grind your teeth? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Do your gums bleed when you brush? Yes \_\_\_ No \_\_\_

Are your teeth sensitive to cold, hot, sweets or pressure? Yes \_\_\_ No \_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_