

DENTAL HISTORY FORM

1. What is your understanding of the reason for your visit today?
2. How often do you attend the dentist for checkups per year?
3. How often do you attend the hygienist for cleanings per year?
4. How consistent have your cleanings been over the past 10 years? Please circle:
 - a. Inconsistent
 - b. Somewhat consistent
 - c. Very consistent
5. What types of dental treatment have you received? Please circle:
 - a. Crowns
 - b. Bridges
 - c. Braces
 - d. Dentures
 - e. Implants
 - f. Gum surgery
 - g. Root canal
 - h. Extractions
6. If you have had prior extractions, please explain what the reason for the extraction was:
 - a. With the extraction(s), did you have any complications (e.g. prolonged bleeding)?
7. Do you have or have you ever had a gum abscess?
8. Are you experiencing pain presently or recently in the past?
 - a. If yes, please explain:
9. Are you experiencing swelling of your gum tissues?
10. Does food catch between your teeth? If yes, where?
11. Are you experiencing sensitivity to hot, cold, or sweet foods/drinks in any of your teeth?
12. Would you be concerned if you were to lose any of your teeth?
13. Are you happy with the appearance of your teeth?

14. If you are here for concerns about recession, please circle Y/N for the following questions:

- a. Is it getting worse : Y/N
- b. Is the area painful to brush? Y/N
- c. Does the appearance bother you? Y/N
- d. Is the area sensitive to cold temperature? Y/N

15. Have you ever seen a periodontist/gum specialist?

16. Have you ever been told you have gum disease?

17. Is there a history of gum disease in your family (mother/father/brothers/sisters)?

18. How often do you brush your teeth? Please circle:

- a. Less than 1x/per day
- b. 1x/day
- c. 2x/day
- d. More than 2x/day

19. Please circle the type of toothbrush you use:

- a. Electric
- b. Manual (soft/medium/hard)

20. Do you floss? How often (circle):

- a. Less than 1x/per day
- b. 1x/day
- c. 2x/day
- d. More than 2x/day

21. Do you have jaw joint pain (TMD)? Do you clench/grind your teeth?

22. Do you wear a nightguard?

23. Is there anything else you use for cleaning your teeth? Please circle:

- a.
- b. Sulcabrush
- c. Proxabrush
- d. Waterpik
- e. Toothpick
- f. Mouthwash
- g. Other (please list_____)