



## Dental Health History

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Is keeping your teeth important to you? [Y] [N]  
If yes, why? \_\_\_\_\_
2. When was your last cleaning? \_\_\_\_\_
3. How often do you brush? \_\_\_\_\_
4. How often do you floss? \_\_\_\_\_
5. On a scale of 1-10, 10 being the best,  
Where would you rate your smile? \_\_\_\_\_  
Where would you rate your oral health? \_\_\_\_\_
6. Is the brightness of your teeth important to you? [Y] [N]
7. Have you experienced any of the following problems:

Bleeding Gums [Y] [N]	Sensitivity to hot or cold [Y] [N]
Bad breath or sour taste in mouth [Y] [N]	Snoring [Y] [N]
Burning sensations in mouth [Y] [N]	Food catching between teeth [Y] [N]
Soreness in jaw [Y] [N]	Grinding of Teeth [Y] [N]
Is it hard for you to open wide? [Y] [N]	Pain or soreness around the ears, eyes or face [Y] [N]
Stiff neck muscles [Y] [N]	Dry Mouth [Y] [N]
Headaches/ Migraines [Y] [N]	
Clicking or popping in jaw [Y] [N]	

8. Does having dental treatment make you afraid or nervous? [Y] [N]

If yes, what specific things bother you? \_\_\_\_\_

\_\_\_\_\_

9. Have you ever had a less than positive dental experience? [Y] [N]

If yes, what did you dislike about that experience? \_\_\_\_\_

\_\_\_\_\_

10. If you could change your smile which of the following things would you do?

Whiter [Y] [N]

Replace missing Teeth [Y] [N]

Excess showing of Teeth [Y] [N]

Reshape/resize my teeth [Y] [N]

Close space or spaces [Y] [N]

Remove Stains/ Spots on teeth [Y] [N]

Straighter [Y] [N]

Less Gum showing [Y] [N]

Replace old filling(s) [Y] [N]

Replace chipped Teeth [Y] [N]

Replace old crowns [Y] [N]

Remove silver fillings [Y] [N]

Where do you see yourself and your overall oral health and/ or your smile in the next 5 to 10 years? \_\_\_\_\_

\_\_\_\_\_

11. Please circle the following things that are important to you when making your dental health decisions:

Convenience

Appearance

Relationship with Dental Team

Finances

What insurance covers

Treatment explanation

Time

Health

Fear or Anxiety

Quality of care

Comfort

Technology

