

Honest answers to the following questions will allow us to treat you on a more individual basis, providing the care appropriate for your particular needs. Your answers are for our records and will be considered confidential.

1. Purpose of your initial visit? \_\_\_\_\_  
 2. Are you having any discomfort at this time? **Y N**  
 3. Does dental treatment make you nervous? No Slightly Moderately Extremely  
 4. Approximate date of your last dental visit. \_\_\_\_\_

5. Previous dentist \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

6. Have you ever been treated for periodontal disease (gum disease, pyorrhea)? **Y N**  
 7. How often do you brush your teeth? (HONESTLY) \_\_\_\_\_ Floss? \_\_\_\_\_

8. Do you have or have you had any of the following?
- |                                       |            |                             |            |
|---------------------------------------|------------|-----------------------------|------------|
| bleeding / sore gums                  | <b>Y N</b> | teeth sensitive to          |            |
| unpleasant taste / bad breath         | <b>Y N</b> | cold                        | <b>Y N</b> |
| burning tongue / lips                 | <b>Y N</b> | hot                         | <b>Y N</b> |
| frequent blisters / canker sores      | <b>Y N</b> | sweets                      | <b>Y N</b> |
| swellings/ lumps in your mouth        | <b>Y N</b> | biting                      | <b>Y N</b> |
| orthodontic treatment (braces)        | <b>Y N</b> | clenching or grinding habit | <b>Y N</b> |
| clicking / popping jaw                | <b>Y N</b> | frequent food impaction     | <b>Y N</b> |
| difficulty in opening or closing jaws | <b>Y N</b> |                             |            |

office use only

comments:

These are the things most important to me about my dental health. \_\_\_\_\_

What do you fear most about dental care? \_\_\_\_\_

Circle one(in each category):

- |   |  |
|---|--|
| <p>1. My Mouth is a) very comfortable<br/>b) moderately comfortable<br/>c) uncomfortable</p> <p>2. a) I think the appearance of my mouth is excellent.<br/>b) I am satisfied with the appearance of my mouth.<br/>c) I am dissatisfied with the appearance of my mouth.</p> <p>3. a) I will do anything to keep my natural teeth.<br/>b) I want to keep my teeth but have a certain budget of time and money that I am willing to spend on them.</p> <p>4. a) I have set goals for my oral health with a previous dentist.<br/>b) I want to set goals concerning my dental health.<br/>c) I am not interested in thinking about oral health at this time.</p> <p>5. a) I have always done the best that was recommended for my dental health.<br/>b) I have not done what dentists have recommended to me.</p> <p>6. a) I have put dentistry for myself and my family high on my priority list.<br/>b) I have put dentistry for myself and my family low on my priority list.<br/>c) Dentistry is on my list but it's hard to find.</p> | <p>7. I think my present state of dental health is<br/>a) Excellent<br/>b) Good<br/>c) Poor</p> <p>8. Should I require some form of treatment, the following best describes my feelings about the kind of dental restorations I would like in my mouth:<br/>a) I want the best restoration possible that will be the most conservative and give the longest life.<br/>b) I want all of the above and I only want tooth colored restorations, even though they may not be as durable and may require a greater investment.<br/>c) I prefer the least expensive restoration that will get me by for now.</p> <p>9. Please select the single most important factor that best describes your reasons for seeking dental care:<br/>a) desire to avoid pain.<br/>b) desire to look my best.<br/>c) desire to be healthy and feel good about myself.<br/>d) desire to intercept problems early and avoid preventable expenses in the future.<br/>e) other _____</p> |
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What are some questions about dentistry and oral health that you have never had adequately answered? \_\_\_\_\_

# DENTAL HISTORY