Dental Associates of Manhattan Feb 2018

Name_____

DENTAL HEALTH INFORMATION

What is the purpose of today's dental appointment? _____
Date of your last dental exam?_____ Date of last dental x-rays?_____

Yes	No	
☐	☐	Are any teeth sensitive? If yes, please specify: ☐ Cold ☐ Hot ☐ Sweets ☐ Pressure when chewing ☐ other_____
☐	☐	Do you have swelling or lumps in your mouth?
☐	☐	Do you have any loose teeth?
☐	☐	Do you have any cracked or broken fillings or teeth?
☐	☐	Do you have areas where food or dental floss gets trapped?
☐	☐	Do you have any missing teeth? (including wisdom teeth) If so when were they removed? _____ Reason for removal? _____
☐	☐	Have they been replaced with: ☐ Dental implant ☐ Fixed bridge ☐ Removable partial ☐ Full Denture ☐ No replacement Are you comfortable with the replacement? Yes ☐ No ☐
☐	☐	Have you ever had cosmetic dentistry? If so, specify_____
☐	☐	Are you happy with the appearance of your teeth? If not, what would you like to see changed? _____
☐	☐	Do you brush your teeth? How often? _____
☐	☐	Do you floss your teeth? How often? _____
☐	☐	Do your gums bleed when you brush?
☐	☐	Do your gums ever feel tender or swollen?
☐	☐	Have you ever been told that you have periodontal (gum) Disease?
☐	☐	Have you ever had surgery or treatment for Periodontal (gum) Disease?
☐	☐	Do you clench or grind your teeth?
☐	☐	Do your jaws feel tired or ache?
☐	☐	Do your jaws ever click or pop? If so, which side? _____ How often? _____
☐	☐	Can you chew comfortably on both sides of your mouth?
☐	☐	Do you have frequent headaches, neck pain or earaches?
☐	☐	Have you ever had treatment for TMJ? (Temporomandibular Joint Disorder) If Yes, please specify: ____ _____
☐	☐	Have you ever had trauma to your face or jaws? Please specify: _____
☐	☐	Have you ever had jaw or facial surgery? Please specify: _____
☐	☐	Have you ever had a serious/difficult problem with any previous dental treatment? If so, explain: _____
☐	☐	Do you have anxiety to dental treatment?

Please add anything not previously noted that you feel is important. _____
_____
_____
_____

Signature _____ Date _____