DENTAL HISTORY

Name:

I. CIRCLE APPROPRIATE ANSWER (leave blank if you do not understand question):

Yes No Do you brush your teeth? How often?
Yes No Do you floss? How often?
Yes No Are you presently having any pain or discomfort?
Yes No Do your gums bleed while brushing and flossing?
Yes No Are your teeth sensitive to sweets or to hot/cold liquids?
Yes No Does food or floss catch between your teeth?
Yes No Have you ever experienced any of the following problems with your jaw?
- Clicking/popping
- Pain
- Difficulty in opening and closing
- Difficulty in chewing
- Discomfort

Yes No Do you have frequent headaches?
Yes No Do you have earaches or neck pains?
Yes No Do you clench or grind your teeth? If yes, when?
Yes No Do you have sores or ulcers in your mouth?
Yes No Have you ever had orthodontic (braces) treatment?
If so, do you wear a retainer?
Yes No Have you had any periodontal (gum) treatments?
Yes No Have you ever had facial surgery? If so, when and what area of your face?
Yes No Have you ever had any type of trauma to your mouth, jaw, head or face?
If yes, describe:
Yes No Do you participate in sports or active recreational activities?
Yes No Do you wear dentures or partials?
Yes No Is your mouth dry?
Yes No Do you have any concerns about bad breath odor?
Yes No Are you pleased with the appearance of your teeth when you smile?
Yes No Are you pleased with the color of your teeth?
Yes No Have you had any problems associated with previous dental treatment?
Yes No Is there any dental treatment you are not happy with?
Yes No Are you nervous about dental treatment?

Date of your last dental exam:

Would you like to know what options are available to you for:

Yes No Creating a more attractive smile
Yes No Looking younger
Yes No Keeping your teeth for life

What would you like to have done today?

To the best of my knowledge, I have answered every question completely and accurately.
I will inform my dentist of any change in my health and/or medication.

Patient signature (or authorized guardian):

If authorized guardian, relationship: Date:

Dr. Kiyan Mehdizadeh, DMD: Date: