DNFIDENTIAL					
ENTAL HISTORY & PATI	ENT C	OALS			
Date SS/HIC/Patient ID#	+				
Patient Name			Date of Birth		
			L HISTORY		
Dental Clinic			Dentist's Name		
Street Address			CityState	Z	Zip
Phone () Date of Last Appt			Date of Last X-Rays		
Why did you leave your previous dentist?					
) if you hav	e or have ha	ad problems with any of the following:		
Bad breath	□Yes	□No	Chew on one side of mouth	□Yes	
Bleeding gums	☐ Yes	☐ No	Tobacco use	☐ Yes	
Gums swollen or tender	☐ Yes	□ No	Chewing on foreign objects	□Yes	
Sores, blisters, growths on lips or mouth		□ No	Fingernail biting	☐ Yes	□ No
Burning sensation on tongue	□Yes	□ No	Thumb sucking	□Yes	\square N
Biting cheeks or lips	□Yes	□ No	Tongue thrusting	☐Yes	
Dry mouth	CIV	□No	Pain on brushing teeth	□Yes	□N
Mouth breathing	□ Yes	□No	Loose or broken teeth	A second control of the second control of th	
Chewing	□Yes	□No	Loose or broken fillings	☐ Yes	
Swallowing	□Yes	□No	Food collection between the teeth	☐Yes	
Talking	□ Yes	□No		☐ Yes	
Prominent gag reflex	□ Yes		Sensitivity to cold	□Yes	\square N
Snoring		□ No	Sensitivity to hot	☐ Yes	\square N
	☐ Yes	□ No	Sensitivity to sweets	☐ Yes	\square N
Periodontal treatment	☐ Yes	☐ No	Sensitivity when biting	☐ Yes	\square N
Pyorrhea or trench mouth	☐ Yes	☐ No	Stained teeth	☐ Yes	\square N
Orthodontic treatment	☐ Yes	□ No	Grinding or clenching teeth	☐ Yes	□ N
Wisdom teeth extracted	☐ Yes	☐ No	Clicking or popping jaw	☐Yes	ПМ
Bite problems	☐Yes	☐ No	Jaw pain or fatigue	□Yes	
Missing teeth	☐ Yes	□No	Opening or closing jaw	□Yes	□N
Shifting position of teeth	☐Yes	□No	Pain around ear	☐ Yes	
How often do you brush?			How often do you floss?		
How often do you change toothbrushes?_					************
		PATIEN	IT GOALS		Reservices and the second seco
What is your goal for dental treatment toda	ıy?				
Are the district of the Control of t					
Are you in discomfort today? ☐ Yes ☐ No					
Are you pleased with the appearance of y	our teeth?	P □ Yes □	No If no, please explain		
Do you like your smile? ☐ Yes ☐ No If n	o please	explain			
	o, piodos	32.p.id.i.i			
Does dental treatment make you nervous?			, please explain		
Have you been alessed with your provision			TN		<u> </u>
Have you been pleased with your previous Have you ever had a bad experience in a c			∟ No kplain		
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low can we help improve your teeth and s	smile?				
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