

**Dental History**  
**Medical Alert**

**Welcome ! So that we may provide you with the best possible care  
 please complete these medical / dental history forms.  
 All information is completely confidential.**

What is the reason for your visit today \_\_\_\_\_

Date of last dental visit \_\_\_\_\_ Date of last dental cleaning \_\_\_\_\_

What was done at your last dental visit ? \_\_\_\_\_

Previous Dentist's Name \_\_\_\_\_

How often do you have examinations? \_\_\_\_\_

How often do you brush your teeth? \_\_\_\_\_

What other dental aids do you use? (Rotadent, toothpick, etc.....) \_\_\_\_\_

Do you have any dental problems now? YES NO If yes, please describe \_\_\_\_\_

**Are any of your teeth sensitive to:**

Hot or Cold YES NO

Biting or Chewing? YES NO

**Have you Noticed:**

Blood when you brush? YES NO

Loose teeth? YES NO

Change in your bite? YES NO

Change in your partials or Dentures? YES NO

Have your parents experienced gum disease or tooth loss? YES NO

Does food wedge between teeth? YES NO

If yes, Where \_\_\_\_\_

**Do You:**

Clench or grind your teeth? YES NO

Bite your lips or cheeks regularly? YES NO

Hold foreign objects with your teeth? YES NO

Mouth breathe while awake or sleep? YES NO

Have tired jaws? YES NO

**Have you ever had:**

Orthodontic treatment? YES N

Oral surgery? YES N

Periodontal treatment? YES N

Your bite adjusted? YES N

Injury to mouth or head? YES N

Please describe \_\_\_\_\_

**Have you experienced:**

Clicking or Popping of the jaw? YES N

Pain? (Joint, Ear, Side of face) YES N

Difficulty in opening or closing the mouth? YES N

Difficulty chewing on either side of the mouth? YES N

Headaches, Neckaches, Shoulderaches? YES N

Sore Muscles? (Head / Neck ) YES N

Rapid heart beat after numbing? YES N

Are you satisfied with your teeth's appearance? YES N

If no, what would you change? \_\_\_\_\_

Do you feel nervous about dental treatment? please explain \_\_\_\_\_

Have you ever had an upsetting dental experience? please explain \_\_\_\_\_

What would you like to achieve in this office? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_