



Dental History – Highland Park Family Dentistry

Last: _____ First: _____ M.I. _____ Birthdate: _____

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

- | | | |
|--|-----|----|
| 1. Are you in any discomfort at this time? | Yes | No |
| 2. Have you ever had any problems associated with previous dentistry?..... | Yes | No |
| 3. Does dental treatment make you nervous? | Yes | No |
| 4. Date of your last dental exam? _____ | | |
| 5. Have you ever been treated for any type of gum problems? | Yes | No |
| 6. How often do you brush? _____ Floss? _____ | | |
| 7. Are you happy with the appearance of your teeth?..... | Yes | No |
- If no, what would you change? _____

Do you have, or have you ever had, any of the following:

Mouth Problems

- | | | |
|--|---|---|
| Bleeding/sore gums..... | y | n |
| Unpleasant taste/bad breath..... | y | n |
| Burning tongue/lips..... | y | n |
| Frequent blisters/lip or mouth..... | y | n |
| Swelling/lumps in mouth..... | y | n |
| Ortho treatment (braces)..... | y | n |
| Biting cheeks/lips..... | y | n |
| Clicking/popping jaw..... | y | n |
| Difficulty opening or closing jaw..... | y | n |

Teeth Problems

- | | | |
|--------------------------|---|---|
| Loose teeth..... | y | n |
| Sensitive to hot..... | y | n |
| Sensitive to cold..... | y | n |
| Sensitive to sweets..... | y | n |
| Sensitive to biting..... | y | n |
| Food stuck in teeth..... | y | n |
| Clenching/grinding..... | y | n |
| Shifting in bite..... | y | n |
| Change in bite..... | y | n |

How would you rate your dental health? Excellent _____ Good _____ Poor _____

Any concerns or questions at this time? _____

These are things that are important to me about my dental health: _____

Patient's Signature: _____ Date: _____

Parent/Guardian Signature (if minor) _____ Date: _____

Dentist's Signature: _____ Date: _____