



Please help us better understand your dental health needs and goals by answering the following questions (check the best answer):

1. I am  **very satisfied**  **satisfied**  **dissatisfied** with the appearance of my teeth.
2. I have a  **low**  **moderate**  **high** fear of going to the dentist.
3. I think my present state of dental health is  **excellent**  **good**  **fair**  **poor**.
4. I would say that my main concerns with my dental health are: \_\_\_\_\_  
\_\_\_\_\_
5. I am interested in a smile evaluation and personalized treatment plan to enhance my smile.  **Yes**  **No**

## DENTAL HISTORY

Name of your previous dentist \_\_\_\_\_ Date of last exam \_\_\_\_\_

Why have you come to the dentist today? \_\_\_\_\_

Do you experience any stress or anxiety when you visit the dentist? \_\_\_\_\_

When were your teeth last cleaned? \_\_\_\_\_

When was your last full set of x-rays? \_\_\_\_\_

What are your major complaints concerning your mouth? \_\_\_\_\_

Do your gums bleed while brushing or flossing? \_\_\_\_\_

Have you ever been told you have gum disease? \_\_\_\_\_

Do you have loose teeth? \_\_\_\_\_

Are any of your teeth sensitive to hot or cold liquids, to sweets, to biting? \_\_\_\_\_

Do you feel pain in any of your teeth? \_\_\_\_\_

Do you have any unhealed sores or ulcers in your mouth? \_\_\_\_\_

Have you had any head, neck, or jaw injuries? \_\_\_\_\_

Are you aware of any clenching or grinding of your teeth? \_\_\_\_\_

Have you experienced any of the following possible TMJ problems? \_\_\_\_\_

Clicking, popping in your jaw? Yes \_\_\_ No \_\_\_      Difficulty in opening or closing? Yes \_\_\_ No \_\_\_

Pain, soreness in jaw, temples? Yes \_\_\_ No \_\_\_      Difficulty in chewing? Yes \_\_\_ No \_\_\_

Have you had any orthodontic treatment? \_\_\_\_\_

Do you wear dentures or partials? \_\_\_\_\_

If you could change one thing about your smile, what would it be? \_\_\_\_\_

If there were a simple, effective way to whiten your teeth, would you be interested? \_\_\_\_\_

What have you liked most about any other dental office you have visited before? \_\_\_\_\_

What have you liked the least? \_\_\_\_\_