Dental History

Patient Name _____ Date of Birth _____ Age _____

Reason for visit today: ☐ Exam ☐ Cleaning ☐ **Specific Problem** _____
(Please describe)

Please check ALL conditions that apply to your health:

☐ Toothache	☐ Bite or teeth have shifted	☐ Unable to open mouth wide	☐ Unhappy with previous dental work
☐ Broken filling or tooth	☐ Often bite cheeks	☐ Bad taste in mouth	☐ Jaw gets tired easily
☐ Sensitivity **to:**	☐ Frequent dry mouth	☐ Sinus problems	☐ Floss breaks easily or hurts
☐ Cold or ☐ Hot	☐ Concerned about breath	☐ Mouth breath – asleep or awake	☐ Clicking or ☐ Popping of joint
☐ Chewing	☐ Unusual habits with teeth	☐ Wore braces	☐ Missing teeth
☐ Sweets	☐ Gums bleed	☐ Clench or ☐ Grind teeth	☐ Previous bite treatment
☐ Loose teeth	☐ Gums tender	☐ Jaw joint pain	☐ Previous TMD treatment
☐ Food catches	☐ Growths or ☐ Sores	☐ Cold sores, fever blisters	☐ Whitening teeth

☐ History of gum surgery or ☐ Deep Cleaning (Scaling & Root Planing) Date: _____

Please rate your smile from 1 to 10 (1 = dislike my smile, 10 = love my smile) **1 2 3 4 5 6 7 8 9 10**

If you dislike your smile, please describe what bothers you about the appearance of your teeth or smile?

_____

Are you interested in Invisalign? ☐ Yes ☐ No

Would you like to replace missing teeth? ☐ Yes ☐ No

Would you like to have whiter teeth? ☐ Yes ☐ No

Please rate how anxious you are about dental treatment? (1 = totally relaxed) **1 2 3 4 5 6 7 8 9 10**

Have you ever had a bad experience at the dentist? ☐ ***Yes** ☐ **No** with: ☐ **Treatment** ☐ **Staff** ☐ **Billing** ☐ **Other**

* What happened? _____

Why did you leave your previous dentist? _____

At Smile Tucson, we respect your right to *choose* the level of care that fits *your needs*. We've found that many adults are unaware that problems even exist. There are *rarely* symptoms (pain, bleeding) associated with the aging and deterioration of teeth and gums – *until* it is far too late. According to the ADA, more than 80% of adult Americans have some level of gum disease. With your permission we would like to explain the choices available to achieve long-term health and beauty for your existing natural teeth. <u>Please check all that apply</u>:

☐ I desire to keep my own teeth for life, if possible. I want my teeth to look good, feel good, and last for a long time.
☐ Spreading payments out over time may help me to achieve the excellent results I desire.
☐ Phasing treatment, by priority, over a few years may make it feasible for me to achieve the excellent results I desire.
☐ I am interested in a plan for long-term dental health. However, I am currently unable to pursue this, and would appreciate help with emergencies and cleanings for now.
☐ Although I am not interested in a plan for long-term dental health, I do desire an office that will treat teeth in need of immediate/emergency attention, as well as keep me up to date on cleanings.

Please add anything you feel is important:

_____

_____

Signature _____ **Date** _____
Patient / Parent / Legal Guardian