

## Dental History

How long since you have seen a Dentist?

Have you had any x-rays taken at another office in the past 3 years?

Are you having any problems now?

Please explain:

Do you wear dentures?

Have you had a bad dental experience in the past?

Have you had any periodontal treatment in the past?

Do your gums bleed or feel tender or irritated?

Are you sensitive to hot, cold, sweets or pressure? (circle)

Are you aware of grinding or clenching your teeth?

Would you like your smile to look better or different?

Do you have a problem with bad breath?

Would you like us to help you learn about improving dental health?

Would you like to learn more about teeth whitening?

Name of previous Dentist:

City:

State: