DENTAL HISTORY

Dat Dat I ro	How would you rate the condition of your mouth? Excellent Good wious Dentist How long have you been a patient? Months/Nate of most recent dental exam J Date of most recent x-rays J Let of most recent treatment (other than a cleaning) J Let of most recent x-rays Not routinely see my dentist every: 3 mo. 4 mo. 6 mo. 12 mo. Not routinely	Fair (ears	Poor
WH	HAT IS YOUR IMMEDIATE CONCERN?		
PL	EASE ANSWER YES OR NO TO THE FOLLOWING:	YES	NO
P	ERSONAL HISTORY		
 1. 2. 3. 4. 5. 6. 	Are you fearful of dental treatment? Scale of 1 to 10 (very) Have you had an unfavorable dental experience? Have you ever had complications from past dental treatment? Have you ever had trouble getting numb or reactions to local anesthetic? Did you ever have braces, orthodontic treatment or had your bite adjusted? Have you had any teeth removed?	- 0	000000
S	MILE CHARACTERISTICS O		
7. 8. 9.	Is there anything about the appearance of your teeth that you would like to change?	_ Ō	0000
В	ITE AND JAW JOINT		
11. 12. 13. 14. 15. 16. 17. 18. 19.	Do you / would you have any problems chewing gum? Do you / would you have any problems chewing bagels or other hard foods? Have your teeth changed in the last 5 years, become shorter, thinner or worn? Are your teeth crowding or developing spaces? Do you have more than one bite or do you clench (squeeze) to make your teeth fit together? Do you have any problems with sleep or wake up with an awareness of your teeth? Do you have problems with your jaw joint? (pain, sounds, limited opening, locking, popping) Do you have tension headaches or sore teeth? Do you wear or have you ever worn a bite appliance?		000000000
	Have you had any cavities within the past 3 years?		
21.22.23.24.25.	Do you have a dry mouth?		00000
27.28.29.30.31.32.	ent Name Nickname		
Pati	ent's Signature Date		
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MEDICAL HISTORY

tr physical examination Purpose Purpose	tat is your estimate of your general health? Excellent Good Fair Poor YOU HAVE or HAVE YOU EVER HAD: YES NO YES nospitalization for illness or injury	tre physical examination	tient Name				Nickname Ago		
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