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Confidential Dental Health History:

Name: _____
Reason for Today's Visit: _____
Former Dentist: _____ Phone: _____
Date of last dental care: _____ Date of last dental x-rays: _____

Please check the box if you have had problems with any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Periodontal treatment |
| <input type="checkbox"/> Bleeding gums | <input type="checkbox"/> Sensitivity to cold |
| <input type="checkbox"/> Clicking or popping jaw | <input type="checkbox"/> Sensitivity to hot |
| <input type="checkbox"/> Food collection between teeth | <input type="checkbox"/> Sensitivity to sweets |
| <input type="checkbox"/> Grinding teeth | <input type="checkbox"/> Sensitivity when biting |
| <input type="checkbox"/> Loose teeth or broken fillings | <input type="checkbox"/> Sores or growths in your mouth |

How often do you floss? _____ How often do you brush? _____

Smile Assessment:

Please consider each statement carefully and circle YES or NO. The doctor will discuss your responses with you in confidence.

- | | | |
|---|-----|----|
| 1. I am concerned about the appearance of my teeth and/or smile. | YES | NO |
| 2. I am concerned about the whiteness/lack of whiteness of one or more of my teeth. | YES | NO |
| 3. I am concerned about the position or angle of one or more of my teeth. | YES | NO |
| 4. I am concerned about the shape of one or more of my teeth. | YES | NO |
| 5. In social situations, I am sometimes embarrassed by my teeth or my smile. | YES | NO |
| 6. There are some things about my upper front teeth that I would like to change. | YES | NO |
| 7. There are some things about my lower front teeth that I would like to change. | YES | NO |
| 8. I have old fillings or previous dental treatment that is no longer satisfactory to me. | YES | NO |
| 9. I am missing one or more of my teeth. | YES | NO |
| 10. I am interested in learning more about esthetic dentistry. | YES | NO |

Please use the space below to indicate any other problems, concerns, or questions you may have.
Thank you.