

Dental Health History

Patient Name: _____

Dental Information:

For the following questions, please mark (X) as your responses to the following questions:

Question	Yes	No	Don't Know
Do your gums bleed when you brush or floss?			
Are your teeth sensitive to cold, hot, sweets, or pressure?			
Does food or floss catch between your teeth?			
Is your mouth dry?			
Have you had any periodontal (gum) treatments?			
Have you ever had orthodontic (braces) treatment?			
Have you had any problems associated with previous dental treatment?			
If yes, Explain:			
Are you currently experiencing dental pain or discomfort?			
Do you have earaches or neck pains?			
Do you have any clicking, popping, or discomfort in the jaw?			
Do you grind your teeth?			
Do you have sores or ulcers or cold sores in your mouth?			
Do you wear dentures or partials?			
Have you ever had a serious injury to your head or mouth?			
Have you had any orthopedic total joint replacement?			
Has a physician or previous dentist recommended that you take antibiotics prior to your dental treatment?			
Name of physician making recommendation:	Phone:		
Are you taking or scheduled to begin taking either of the medications, alendronate (Fosamax) or risedronate (Actonel) for osteoporosis or Paget's disease?			
Since 2001, were you treated or are you presently scheduled to begin treatment with the intravenous bisphosphonates (Aredia or Zometa) for bone pain, hypercalcemia, or skeletal complications resulting from Paget's disease, multiple myeloma or metastatic cancer?			
Do you have any Bloodborne diseases (HIV/AIDS, Hepatitis A, B, C, Herpes Simplex 1/2)?			
Has there been any change in your general health within the past year?			
If yes, what condition is being treated?			
Do you have Diabetes?			
Have you had a serious illness, operation, or been hospitalized in the past 5 years?			
If yes, what was the illness or problem?			
Date of your last dental exam:			
What was done at that time?			
Date of last dental x-rays:			
If here for a dental visit, what is the reason for your visit today?			
How do you feel about your smile?			