Dental History

Former Dentist Name_____ Date of Last visit: _____

Check Box if you have any of the following:

O	Bad Breath	O	Sensitivity Biting	O	Gum/ periodontal disease
O	Sensitivity to Sweets	O	Headaches or Migraines	O	Bleeding gums
O	Sensitivity to Hot/Cold	O	Jaw pain, TMJ		
O	Broken fillings/loose teeth	O	Grinding or clenching teeth		
O	Food Collection Between teeth	O	Sores in Mouth		

How often do you Brush your teeth? _____ How often do you floss? _____

Why did you leave your last dentist? _____

Primary Reason for your visit: (concerns)

_____

_____

Smile Analysis

Please help us learn about you and your smile!	**Yes**	**No**
Are you happy with your smile?	**O**	**O**
Are any of your teeth yellow, stained, or somewhat discolored?	**O**	**O**
Would you like your teeth to be whiter?	**O**	**O**
Do you have any gaps or spaces between your teeth?	**O**	**O**
Are any of your teeth turned crooked or uneven?	**O**	**O**
Do any of your teeth appear too small, short, large, or long?	**O**	**O**
Do you have prior dental work that appears to be unnatural?	**O**	**O**
Do you have any crowns or bridges that appear dark at the edge of your gums?	**O**	**O**
Do you have any gray, black or silver (mercury) fillings in your teeth?	**O**	**O**
Do you have a gummy smile (too much of your gums show when smiling)?	**O**	**O**
Are your gums red, sore, puffy, bleeding or receded?	**O**	**O**
Does the appearance of your smile inhibit you from laughing or smiling?	**O**	**O**
When being photographed, do you smile with your lips closed instead of flashing a full smile?	**O**	**O**
Are you self-conscious about your teeth or smile?	**O**	**O**
Have you had previous Orthodontic Treatment before?	**O**	**O**
Are you happy with the results?	**O**	**O**
Do you smoke or chew tobacco products?	**O**	**O**
Are any of your teeth chipped, worn, or uneven?	**O**	**O**
On a scale from 1-10 how would you rate your smile?	**_____**	

Is there anything else about your smile you would like us to know or would like us to help you with?

_____

_____

Signature _____ ***Date*** _____