Family Dentistry

DENTAL HISTORY

When was your last dental visit? _____

Who was your previous dentist?_____

Reason for this visit? _____

Have you ever had any serious problems associated with dental treatment? If yes, please explain. _____
_____

How often do you brush your teeth? _____

What texture toothbrush do you use? soft medium hard electric

How often do you floss? _____

Do your gums bleed while brushing? _____ While flossing?_____
Other times? _____

Do your teeth feel pain when they come in contact with:

a) hot foods or liquids	yes	no
b) cold foods or liquids	yes	no
c) sweets	yes	no
d) sours	yes	no
e) pressure or chewing	yes	no

Do you feel pain to any part of your mouth when brushing or flossing? _____

Who can we thank for referring you to our office? _____