



DENTAL HISTORY

We look forward to providing you the highest quality and most comfortable care possible.
 To accomplish this, we would like to get some additional information:

What is your primary reason for being here today? _____

Previous dentist and last visit date? _____

Are you in any dental discomfort or pain? If yes, please describe. _____	YES / NO
Have you ever been told to PREMED (take an antibiotic <i>before</i> dental treatment) ?	YES / NO
Do your gums bleed when brushing or flossing?	YES / NO
Have you ever been told you have periodontal disease or gum problems?	YES / NO
Have you ever had discomfort during your cleaning or periodontal therapy?	YES / NO
Do you have any questions on how to improve your dental home care?	YES / NO
With few exceptions, Whatcom County does not have fluoridated water. Would you like Fluoride treatment to reduce your risk of cavities? (Fee of \$16 if not covered by insurance)	YES / NO
Are your teeth sensitive to temperatures, biting or sweets?	YES / NO
Do you have any jaw pain, popping or clicking?	YES / NO
Do you clench or grind your teeth?	YES / NO
Do you have headaches?	YES / NO
Are you aware of any excessive wear on your teeth?	YES / NO
Do you currently have any oral appliances? (Ortho retainers, nightguards)	YES / NO
Do you snore?	YES / NO
If you have problems lying back comfortably, would a pillow be useful for your knees, back or neck?	YES / NO

What can we do to give you the best dental experience? _____

If you could change anything about your teeth or smile, what would it be? _____

Thank you and welcome to our office.