

# Dental Health History

Patient Name \_\_\_\_\_

*Do you have or have you had any of the following?  
(check all that apply)*

- ☐ Apprehension about dental treatment
- ☐ Problems with previous dental treatment
- ☐ Gag easily
- ☐ Wear dentures
- ☐ Food catches between your teeth
- ☐ Difficulty chewing your food
- ☐ Chew on only one side of your mouth
- ☐ Avoid brushing any part of your mouth because of pain
- ☐ Gums bleed easily
- ☐ Gums bleed when flossing
- ☐ Gums feel swollen or tender
- ☐ Notice slow-healing sores in or around your mouth (cold sores/fever blisters)
- ☐ Feel twinges of pain when your teeth come into contact with:
  - ☐ Hot foods or liquids
  - ☐ Cold foods or liquids
  - ☐ Sour foods
  - ☐ Sweet foods
- ☐ Take fluoride supplements
- ☐ Feel dissatisfied with the appearance of your teeth
- ☐ Want to save your teeth?
- ☐ Want complete dental care?

How often do you brush? \_\_\_\_\_

How often do you floss? \_\_\_\_\_

- ☐ Your jaw makes noise so that it bothers you
- ☐ Or others
- ☐ Clench or grind your teeth frequently
- ☐ Jaws feel tired
- ☐ Jaw gets stuck so that you can't open freely
- ☐ Pain when you chew or open wide to take a bite
- ☐ Earaches or pain in front of your ears
- ☐ Jaw symptoms or headaches upon awaking in the morning
- ☐ Jaw pain or discomfort affecting your appetite, sleep, daily routine, or other activities
- ☐ Jaw pain or discomfort that is extremely frustrating or depressing
- ☐ Take medications for pain or discomfort (pain relievers, muscle relaxants, antidepressants)
- ☐ Temporomandibular (jaw) disorder (TMD)
- ☐ Pain in the face, cheeks, jaws, joints, throat, or temples
- ☐ Unable to open your mouth as far as you want
- ☐ Aware of an uncomfortable bite
- ☐ Had a blow to the jaw (trauma)
- ☐ Habitually chew gum?
- ☐ Smoke Cigarettes? ☐ Pipe? ☐ E-Cigarettes (Vape) ☐ Other? \_\_\_\_\_
- ☐ Use chewing tobacco?