ADULT DENTAL HISTORY

art OF smiles DENTISTRY

Patient's Name

Last: _____ First: _____ MI: _____ Birthdate: _____

Have you had long periods of bad breath? ☐
Have you had long periods of a bad taste in your mouth? ☐
Have you had prolonged periods of pain in your gums? ☐
Do your gums ever feel tender or irritated after brushing? ☐
Do you ever avoid brushing because it causes discomfort? ☐
Do you ever avoid flossing because it causes discomfort? ☐
Have you been diagnosed with periodontal disease (pyorrhea)? ☐
Have you ever had periodontal treatment (root planing, gum surgery, etc.)? ☐

Have you ever had endodontal treatment (root canals)? ☐
Do you have missing teeth that have not been replaced? ☐
Are any of your teeth sensitive to heat? ☐
Are any of your teeth sensitive to cold? ☐
Are any of your teeth sensitive to sweets? ☐
Are any of your teeth sensitive to pressure? ☐
Do your teeth hurt when you chew? ☐

Do you have problems with your teeth or fillings breaking? ☐
Do you have any large or old amalgam (silver) fillings? ☐
Do you chew on just one side of your mouth? ☐
Do you experience frequent neckaches, sore jaw muscles or headaches? ☐
Does your jaw hurt when you open wide? ☐
Does your jaw ever lock or catch? ☐
Does your jaw ever make a popping, clicking or grating sound? ☐
Do you clench or grate your teeth when you are awake? ☐
Do you clench or grate your teeth when you are asleep? ☐
Have you ever had orthodontic treatment (braces, etc.)? ☐
Have other members of your family had problems with their teeth? ☐
Are you unhappy with the shape of any of your teeth? ☐
Are you unhappy with the color of any of your teeth? ☐
Are you unhappy with the alignment of your teeth? ☐
Do you ever avoid laughing or smiling because of your teeth? ☐

Do you have a complete denture (full upper, full lower or both)? ☐
If "Yes" are they stable, comfortable and functional? ☐
When were they made? _____
Do you have a partial denture? ☐
If "Yes" is it stable, comfortable and functional? ☐
When was it made? _____
Have you had any wisdom teeth extracted? ☐

If "Yes" which ones and when? ☐
Have you experienced any problems with your wisdom teeth? ☐
If "Yes," please explain: _____
_____
_____
_____

Do you expect to keep your natural teeth throughout your lifetime? ☐
Do you WANT to keep your natural teeth throughout your lifetime? ☐

Would you prefer to utilize nitrous oxide (laughing gas) during your dental visits? ☐
Are you PROUD of your present smile? ☐

If you could wave a magic wand to improve your smile, what would you change about your mouth or teeth?

_____
_____

DIANE Avel DDS MAGD