PAST DENTAL HISTORY

LAST DENTAL VISIT (DATE: M/D/Y)	LAST DENTAL CLEANING (DATE: M/D/Y)	PREVIOUS DENTIST

Please check off YES OR NO. If not sure, please check NS.

	NO	NS	YES	ORAL HYGIENE	NO	NS	YES
Are you suffering from pain now?				Do you use any fluoride/mouth rinse?			
Does food get caught between your teeth?				Are you happy with the appearance of your teeth?			
Are you nervous about having dental treatment?				What would you like to change about your teeth?			
Have you had an upsetting experience in a dental office? Explain							
				How often do you brush your teeth?			
				How often do you floss your teeth?			

HABITS: Do you...?	NO	NS	YES	TREATMENTS Please check off the following treatments you have had:	NO	NS	YES
Clench or grind your teeth while asleep?				Orthodontic treatment (braces)?			
Bite your lips or cheeks regularly?				Oral Surgery?			
Breathe through your mouth while awake or asleep?				Periodontal treatment (gum surgery)?			
				Teeth ground or bite adjusted?			
Hold foreign objects with your teeth (pencils, pipes, chew fingernails, etc)?				Worn a bite plate or other appliance?			
				Dental implants?			

GENERAL CONSENT STATEMENT

I certify that I have read, understood and accurately completed the personal, medical, and dental histories, to the best of my knowledge, and have not knowingly omitted any information. This information has been reviewed with me, and I have had the chance to ask questions and to receive answers regarding any medical and dental histories. As may be required, I consent to my physician being contacted regarding any specific medical question. I authorize the dentist to perform necessary diagnostic procedures and treatment, including general or local anesthetic, as required, to achieve the proper level of dental care. I understand that I am financially responsible to the dentist for the dental services provided even if my insurance coverage may not be all inclusive.

Patient ☐ Parent ☐ Guardian ☐ Date ______________ Signature ______________________________

Interest of 2% per month on late payments will be charged automatically