Verma
COSMETIC & FAMILY DENTISTRY
Be healthy. Live well. Smile often.

4701 N. Galloway Avenue, Mesquite, TX 75150 • P/ 972.279.9494 • F/ 972.270.9126 • www.texasdental.net

DENTAL HISTORY

Welcome

Purpose of initial visit. _____

Are you aware of a problem?_____

How long since your last dental visit? _____

What was done at that time? _____

Patient's Name: _____ **DOB** _____

When was the last time your teeth were cleaned? _____

PLEASE CIRCLE THE APPROPRIATE ANSWER. IF YOU DON'T KNOW THE CORRECT ANSWER, PLEASE WRITE "DON'T KNOW' ON THE LINE AFTER THE QUESTION.

Have you made regular visits? ❑ Yes ❑ No _____

If yes, how often: _____

Were dental X-rays taken? ❑ Yes ❑ No _____

Have you lost any teeth or have any teeth been removed? ❑ Yes ❑ No _____

If yes, why? _____

Have they been replaced? ❑ Yes ❑ No_____

How have they been replaced? ❑ Yes ❑ No

Fixed bridge _____ Age _____

Removable bridge _____ Age _____

Denture _____ Age _____

Implant _____ Age _____

Are you unhappy with the replacement? ❑ Yes ❑ No _____

If yes, explain _____

Would you like to know about permanent replacements? ❑ Yes ❑ No_____

Have you ever had any problems or complications with previous dental treatment? ❑ Yes ❑ No _____

Do you clench or grind your teeth? ❑ Yes ❑ No _____

Does your jaw click or pop? ❑ Yes ❑ No_____

Have you experienced any pain or soreness in the muscles or your face or around your ear? ❑ Yes ❑ No

Do you have frequent headaches, neck aches or shoulder aches? ❑ Yes ❑ No _____

Does food get caught in your teeth? ❑ Yes ❑ No _____

Are any of your teeth sensitive to: ❑ Hot ❑ Cold ❑ Sweets ❑ Pressure

Do your gums bleed or hurt? ❑ Yes ❑ No _____

If yes, when? _____

Do you experience dry mouth? ❑ Yes ❑ No _____

How often do you brush your teeth? _____ When? _____

Do you use dental floss? ❑ Yes ❑ No _____

If yes, how often? _____

Are any of your teeth loose, tipped, shifted or chipped? ❑ Yes ❑ No _____

Are you unhappy with the appearance of your teeth? ❑ Yes ❑ No _____

Verma
COSMETIC & FAMILY DENTISTRY
Be healthy. Live well. Smile often.

4701 N. Galloway Avenue, Mesquite, TX 75150 • P/ 972.279.9494 • F/ 972.270.9126 • www.texasdental.net

How do you feel about your teeth in general? _____

Do you feel your breath is offensive at times? ❑ Yes ❑ No _____

Have you ever had gum treatment or surgery? ❑ Yes ❑ No

If yes,

What? _____

Where? _____

When? _____

Have you had any orthodontic work? ❑ Yes ❑ No _____

Have you had any unpleasant dental experiences or is there- anything about dentistry that you strongly dislike? ❑ Yes ❑ No _____

Do you have any questions or concerns? ❑ Yes ❑ No _____

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE

PATIENT'S / GUARDIAN'S SIGNATURE _____ Date _____

DENTIST'S SIGNATURE _____ Date _____

Previous dentist's name _____

Address: _____ Tel. _____

COMMENTS

_____

_____

_____

_____

_____

_____

_____

_____