

PLANNED CARE HEALTH RECORD

It is important to tell all dental personnel involved in your treatment about the general state of your health. This information is, of course, confidential.

Dental History

1. Former Dentist: _____
2. Address: _____
3. When did you last visit a dentist? _____
4. What was done at that time? _____ X-rays taken? _____
5. Did you regularly visit a dentist prior to that time? _____
6. Are you aware of any dental problems? Please explain: _____

7. What do you feel is the current condition of your mouth? _____
8. Do you have any concerns about your teeth? _____
9. How do you feel about your smile? _____
10. If there was anything you could change about your teeth or smile, what would that be? _____

11. Do you participate in any contact sports? _____
12. Do you have a mouth guard? _____
13. Do you ever experience "grinding teeth" while you sleep? _____
14. Do your gums bleed? _____
15. Have you ever been told you have gum disease? _____
16. Does food collect between your teeth? _____
17. Are your teeth sensitive to: Sweet? _____ Cold? _____ Heat? _____ Pressure? _____
18. How often do you brush your teeth? _____
19. How often do you floss your teeth? _____
20. Are you interested in preventing further dental problems by having regular dental examinations and care? _____
21. Anything else that would be valuable for me to know? _____

Signature: _____ Date: _____