

Dental History

Patient Name: _____ Date: _____

By learning about your previous dental experiences and treatment, we can better tailor our services to your individual needs. Please complete the form below to maximize the benefits you can receive from our staff.

Why are you seeking dental treatment: _____

Are you currently seeing another dentist? **Y** **N** If yes, for what? _____

Name of Other Dentist: _____ Phone: _____

Address of Other Dentist : _____

Are you currently having dental problems? **Y** **N** please describe _____

What do you consider the condition of your oral health? _____

When was your last dental visit? _____ (month/year)

What was that visit for? _____

Your last dental radiograph (x-rays) were: _____ (month/year)

***If you are able to have these films forwarded, please have them sent by email to drsavittfilms@gmail.com or by mail.**

Were these x-rays of your (1) entire mouth (2) back teeth only (3) unsure? (circle appropriate choice)

When was your last cleaning? _____ (month/year)

How often were you getting your teeth cleaned? Every _____ months

- Have you ever worn partial or full removable dentures? **Y** **N**
- Have you had any periodontal (gum) treatment? **Y** **N**
- Have you had any Temporomandibular Joint (TMJ) treatment? **Y** **N**
- Have you had any orthodontic treatment (braces)? **Y** **N**
- Do you currently wear an orthodontic retainer or nightguard? **Y** **N**
- Do your gums bleed, feel tender, or are they red/inflamed? **Y** **N**
- Are you happy with the appearance of your teeth? **Y** **N**
- Are you aware of grinding or clenching your teeth? **Y** **N**
- Do you have frequent headaches, earaches, or neck pain? **Y** **N**
- Do you experience oral ulcers (cold sores) **Y** **N**

How often do you brush? _____

Do you use any of the following oral hygiene aids on a regular basis? **Y** **N** (circle all that apply)

Mouthwash/ Dental Floss/ Water Pik/ Stimudents/ Perio-Aid/ Proxabrush/ Electric Brush

Have you ever received an oral hygiene instruction? **Y** **N**

It is strongly recommended that you contact your previous dentist and have your latest Radiographs (x-rays) forwarded to our office. The most important x-rays are the most recent "full mouth series". Requests for records should be made directly by you as most offices require permission personally by the patient to forward these records.