

Blackstone Valley Dental Associates

Dental History

Patient Name:

Medical alert (office use):
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Last dental visit _____ What was done at that appointment? _____

Last cleaning _____ Last full mouth X-rays _____

Previous Dentist's Name: _____ Phone: _____

Address: _____

How often do you have dental examinations? _____

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

What other dental aids do you use? (Interlak, toothpick, etc.,) _____

Sensitivity:

Hot or Cold? **Yes** **No**

Sweets? **Yes** **No**

Biting or Chewing? **Yes** **No**

Do you have any dental problems now? **Yes** **No**

If yes, please describe: _____

Have you noticed any mouth odors or bad taste? **Yes** **No**

Do your gums bleed or hurt? **Yes** **No**

Have you noticed any loose teeth or change in your bite? **Yes** **No**

Does food tend to become caught in between your teeth? **Yes** **No**

If yes, Where? _____

Clench or grind your teeth while awake or asleep? **Yes** **No**

Bite your lips or cheeks regularly? **Yes** **No**

Mouth breath while awake or asleep? **Yes** **No**

Smoke or chew tobacco? **Yes** **No**

Braces? **Yes** **No**

Oral Surgery? **Yes** **No**

Gum Surgery? **Yes** **No**

Sport or mouth guard? **Yes** **No**

Serious injury to the mouth or head? **Yes** **No**

If yes, Please describe, including cause _____

Clicking or popping of the jaw? **Yes** **No**

If yes, location: _____

Pain? (Joint, ear, or side of face) **Yes** **No**

If yes, location: _____

Are you satisfied with the appearance of your teeth? **Yes** **No**

Do you feel nervous about having dental treatment? **Yes** **No**

If yes, what is your biggest concern? _____

Have you ever had an upsetting dental experience? **Yes** **No**

If yes, please describe: _____

Is there anything else about dental treatment that you would like us to know? **Yes** **No**

If yes, please describe: _____

Thank you for providing accurate information that will better help us provide the best possible care. All information is completely confidential.