

Dental Profile

Patient:

Family Dr:

Date:

Yes No Question

[] 1. Have you had any blows to your jaw ?

[] 2. Have you ever been treated for TMJ problem ?

[] 3. Have you had dental x-rays recently ?

[] 4. Do you brush ? How often ?

[] 6. Have you been seeing a dentist regularly ?

[] 7. Do Your gums bleed when you brush ?

[] 8. When was the last time you visited your dentist

[] 9. Do any of your teeth ache ?

[] 10. Do you have any pain when you chew ?

[] 11. Is there anything we can do to make your dental experience better

[] 12. Have you ever been advised to take antibiotics before appointments ?

[] 13. Have you ever been in a vehicle accident ?

[] 14. How do you feel about your smile?

[] 15. Have you ever had a whiplash accident ?

[] 16. Why did you leave your last dental home?

[[17. Are you been followed by a dental specialist ?

[[18. Would you like whiter teeth ?

[[19. Do you floss? How often ?

[[20. Tell us if you could wave a wand and change anything about your teeth or smile, what would it be ?

[[21. Do you feel that you have bad breath ?

[[22. Have you ever had pain in your jaw joints ?

[[22. Tell us about anything else that we have not asked.
