



Dental Health History

For New Patients

Your Contact Details

First Name(s)

Last Name

Date of Birth

D

D

M

M

Y

Y

Y

Y

Dental Health History

What has prompted you to seek dental care at this time?

How long is it since your last examination with x rays?

Are you happy with your smile?

Y

N

What words best describe your past dental experiences?

Caring

Relaxed

Modern

Painful

Stressful

Sympathetic

Rushed

Good value

Uncomfortable

High Tech

Old fashioned

No choice

Has the fear of discomfort kept you from regular visits?

Y

N

Have you experienced any discomfort in your teeth recently?

Y

N

Are you aware of clenching or grinding of your teeth?

Y

N

Do your jaw joints ever hurt or ckick?

Y

N

Do you suffer from headaches, migraines, pain in your face or ear?

Y

N

Do your gums bleed easily, feel tender or irritated?

Y

N

Are you troubled with bad breath or a bad taste?

Y

N

Are you troubled with missing teeth or gaps?

Y

N

Are you troubled by excessive facial lines or deep frown lines?

Y

N

Are you unhappy with the colour of your teeth?

Y

N

Are you troubled by mouth ulcers?

Y

N