BRUNSWICK DENTAL
PRACTICE

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