

# Dental History



RacineDentalGroup<sup>INC</sup>

Smile after beautiful smile since 1969.

Name \_\_\_\_\_

Have you had regular dental visits? YES  NO

Date of last dental visit \_\_\_\_\_

Previous dentist name \_\_\_\_\_ Phone # \_\_\_\_\_

Are you having problems now? YES  NO  If yes, specify \_\_\_\_\_

Is your mouth dry? ..... YES  NO

Are your teeth sensitive to: Hot  Cold  Sweets  Pressure

Do your gums bleed when you brush or floss? ..... YES  NO

Do you have a history of periodontal disease requiring deep cleaning or gum surgery?..... YES  NO

Do you have a family history of periodontal disease?..... YES  NO

If any teeth have been replaced, how/when? Fixed bridge  Date \_\_\_\_\_ Removable (partial)

Date \_\_\_\_\_ Denture  Date \_\_\_\_\_ Implants  Date \_\_\_\_\_

Have you ever had any problems or complications with previous dental treatment?

Are you anxious about receiving any dental treatment?..... YES  NO

Are you anxious about receiving anesthetic?..... YES  NO

Have you worn braces?..... YES  NO

## Do you have any of the following?:

Frequent headaches..... YES  NO  Pain, soreness in facial muscles ..... YES  NO

Frequent neckaches..... YES  NO  Limited mouth opening ..... YES  NO

Dizziness, lightheadness ..... YES  NO  Pain in shoulders..... YES  NO

Earaches, ringing in ears ..... YES  NO  Pain, stiffness in back ..... YES  NO

Jaws clicking or popping ..... YES  NO  Numbness in arms, fingers..... YES  NO

Do you currently wear a mouthguard? YES  NO  In the past? YES  NO

Do you have discolored teeth that bother you?..... YES  NO

Would you like your smile to look better or different?..... YES  NO

Are there any dental concerns you would like us to address specifically? \_\_\_\_\_

If you could change anything about your smile, what would it be? \_\_\_\_\_

## How do you want to hear from us?

Let us know if we can enroll you in our online and automated patient communication system. It will give you the ability to receive text messages, email and automated phone appointment reminders. Check all that apply.

\_\_\_ Text reminders \_\_\_ Email reminders \_\_\_ Phone call \_\_\_ None

IMPORTANT: We use a third party to provide these communication services. They are required by law to sign a contract agreeing to protect the confidentiality of your Patient Health Information (PHI). Our affiliates do not sell, share or rent our users' personal identifiable information unless required by law, do not send any email or other communication without a user's permission, and do not send spam.

TO OPT OUT: You may opt out of communications at any time by clicking the UNSUBSCRIBE link in an email footer or by replying STOP to a text message. Standard text messaging rates apply.