

Dental History



RacineDentalGroup^{INC}

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.