Ascot Aesthetic Implants Dentistry

Dental History

(Rev 11/2/10)

REFERRAL

Whom may we thank for referring you? _____

Date and reason for last dental visit _____

_____

Name of previous dentist _____

Reason for changing _____

Describe your current dental problems _____

OFFICE USE

Thank You Note Y/N

APPREHENSION

What did you like least about any of your previous dental experiences? _____

What did you like most about any of your previous dental experiences? _____

Have you ever received "laughing gas" in a dental office? _____

Have you ever received any other kind of sedation for dental treatment? _____

Would you like sedation for your dental visit? _____

CASEY:

Nitrous Oxide / Sedation

Patient Prefers:

Nitrous Oxide Y/N

Oral sedation Y/N

IV Sedation Y/N

TEETH PROBLEMS

Are any of your teeth sensitive to hot, cold, sweets, or pressure? _____

_____

How long have you suffered with this sensitivity? _____

CASEY:

RCT / EXT

GUM PROBLEMS

When is the last time you had a dental cleaning? _____

Do your gums bleed when you brush or floss? _____

Do you feel that you may have a problem with bad breath? _____

CASEY:

Perio DX / S&RP

YOUR SMILE

Would you like to have whiter teeth? _____

Would you be interested in "straightening" your teeth? _____

Do you have any spaces between your teeth that you would like closed? _____

Would you like to know how your smile could be improved? _____

CASEY:

Bleaching / Veneers

Crowns / White Fillings

HEADACHES AND FACIAL PAIN

Do you ever have more than one headache per month? _____

Do either your jaw or face muscles get tired or sore after chewing, sleeping, stress, etc? _____

_____

Does your jaw pop or crack? _____

Have you noticed your teeth becoming shorter? _____

Would you like to know what could be done conservatively to prevent future damage to your teeth and jaw? _____

CASEY:

Bruxism

TMJ Evaluation Y / N

MISSING TEETH

How old is your existing denture and/or partial? _____

Would you be interested in hearing options about replacing missing teeth? _____

If so, would you prefer the replacement teeth to be "cemented" in place; or have the option of removing them before bed? _____

CASEY:

Bridges / Implants

Partials / Dentures