	Circle one			
Are you having any pain or discomfort at this time?	Yes / No			
Your current dental health is		Good	Fair	Poor
Are you aware of any current dental problems?	Yes / No			
Have you had an adventished as a distribution of the second of the secon	Yes / No			
Have you had an adverse reaction to dental treatment or medication in the past?	Yes / No			
Previous Dentist?	***************************************	City:		
Approximate dates of last dental care?		Cleaning: _		Full mouth x-rays:
Have you had any injuries to the mouth, teeth, or jaw?	Yes / No			
Are you happy with the appearance of your smile?	Yes / No			
Do you use any form of tobacco?	Yes / No			
Are any teeth sensitive to hot, cold, or sweets?	Yes / No			
Are you limited in the areas you feel comfortable to chew with?	Yes / No	u <sup>e</sup>		
Do you have trouble with food getting caught in between teeth?	Yes / No	Where?		•
Do you experience pain or fatigue of the chewing muscles or jaw joint?	Yes / No			
Do you clench or grind your teeth?	Yes / No	During the day?		At night?
Do you feel your breath may be affected by the health of your mouth?	Yes / No			
Are your gums tender or do they bleed when you brush?	Yes / No	When you floss?		
How frequently do you use dental floss'				
Do you wish to maintain your own teeth and avoid dentures'		-	·	
live you been told your teeth need to be cleaned more frequently than twice a year?	Yes / No			
Does dental treatment make you feel nervous		Slightly	Moderately	Extremely
			Moderatory	Extromoly
The state of the s		3 .,		
Have you had any previous bad experiences at the dentist?	Yes / No			
Have you had any previous bad experiences at the dentist?  Have you ever had Nitrous Oxide (laughing gas) to help you relax?	Yes / No Yes / No			7 9
Have you had any previous bad experiences at the dentist? Have you ever had Nitrous Oxide (laughing gas) to help you relax? Do you have any other concerns you would like us to know about o	Yes / No Yes / No			
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I acknowledge receipt of the Notice of Privacy Policy & Dental Materials Fact Sheet

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