DENTAL HISTORY – Dr. Gibson will be sure to review any concerns you have with the health of your smile and teeth. Please check anything you would like to discuss further.

What is the reason for your visit today?

_____

Are any of your teeth sensitive to *hot or cold*?	____	Have you ever had braces?	_____
Are any of your teeth sensitive to *sweets*?	____	Have you ever had oral surgery?	_____
Any sensitivity to *biting or chewing pressure*?	____	Have you ever had surgery?	_____
Do you notice mouth odors?	____	Do you wear a bite or "night" guard?	_____
Do you notice bad tastes?	____	Any serious injury to the mouth or head?	
Do your gums bleed or hurt?	____	Please describe:	
Does food get caught between your teeth?	____		
Does your jaw click or pop?	____		
Is this a problem you want corrected?	____	Any pain in your jaw joint?	_____
Do you clench or grind your teeth?	____	Frequent headaches?	_____
Do you ever notice tired jaws or sore teeth?	____	Frequency and time of day of headaches:	_____
Do you smoke or chew tobacco?	____	Are you currently missing any teeth?	____

Do you feel nervous about dental treatment? If so, what are your concerns?

Is this a problem you want corrected? **Yes No**

Date of: Last Dental Visit?_____ Last Cleaning?_____X- rays?_____

What was done at your last dental visit?

_____

Previous Dentists Name:_____

Phone #:_____

Your reason for leaving their office:

_____

What did you ***like*** about your previous dental experiences?

_____

What did you ***dislike*** about your previous dental experiences?

_____

How often do you normally have dental examinations?

Once per year Twice per year Three times per year More

How often would you prefer dental examinations? Once per year Twice per year Three times per year More

Would you like to discuss your options to enhance your smile? (i.e. whiter, straighter teeth.) Yes No

If yes, what are your goals & expectations?_____

Are you concerned about your silver-mercury fillings? Yes No

Is there anything else / other dental concerns we have not asked about that you want us to know?_____

How can we make each of your future visits more enjoyable?_____

Notes:_____

_____

_____

PLEASE COMPLETE THE OTHER SIDE. THANK YOU.