

COHASSET VILLAGE DENTISTRY

Dental History

Please answer the following questions to help us understand your unique perspectives, priorities, and concerns. You can be reassured in this information is held in confidence.

1. What is your immediate concern? _____
2. Date of last dental visit (exam, x-rays): _____
 Previous Dentist: _____
 Reason for leaving: _____
3. Have you ever taken antibiotics prior to dental treatment? Yes No
4. Have you ever had any problem associated with dental anesthetic? Yes No
5. Are you accustomed to seeing a dentist on a regular basis? Yes No
6. How do you care for your mouth? _____
7. Please rate your comfort level with receiving dental treatment:
 Very uncomfortable Slight Moderate Very comfortable
8. Please describe any problems you have had with past dental experiences:

9. These are some things that are important about my dental health and appearance:

10. My mouth is: Comfortable Moderately comfortable Uncomfortable
11. I think the appearance of my mouth is: Excellent Satisfactory Unsatisfactory
12. I think my overall dental health is: Excellent Good Poor
13. I aspire to: Excellent dental health & repair Good health & repair Urgent care only
14. I prioritize dental care for myself/my family as: High On my list but not top priority Low
15. To keep my natural teeth I would:
 Do anything
 Want to keep them but have financial concerns
 Expect that I will lose my natural teeth one day

Please circle the appropriate answer to the following conditions. **C = Current** **P = Past** **N = Never**

Bleeding gums	C	P	N	Cavities	C	P	N	Dry mouth	C	P	N
Swelling	C	P	N	Chipped or broken teeth	C	P	N	Mouth breathing	C	P	N
Sores/ulcers	C	P	N	Sensitivity (sweets, hot, cold, biting)	C	P	N	Snore or sleep disorders	C	P	N
Clenching/grinding	C	P	N	Loose teeth	C	P	N	Appliances (dentures, retainers, night guard)	C	P	N
Joint clicking, popping, discomfort	C	P	N	Hold anything with your teeth (pen, fingernails)	C	P	N	Fluoridated water at home	C	P	N
Muscle pain, headaches, neck pain	C	P	N	Orthodontics (braces)	C	P	N	Issues with dental treatment	C	P	N