



# DENTAL EVALUATION

Patient name: \_\_\_\_\_

Former dentist name: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

What made you seek a new dentist? \_\_\_\_\_

Have you ever had any complications following dental treatment? yes no If yes, please explain \_\_\_\_\_

Do you have, or have you had, any of the following?

### MOUTH

- Bleeding sore gums Yes No
- Unpleasant taste/bad breath Yes No
- Burning tongue/lips Yes No
- Frequent blister, lip/mouth Yes No
- Swelling/lumps in mouth Yes No
- Ortho treatments (braces, Invisalign) Yes No
- Biting cheeks/lips Yes No
- Clicking/popping jaw Yes No
- Difficulty opening or closing jaw Yes No

### TEETH

- Loose teeth Yes No
- Sensitive to hot Yes No
- Sensitive to cold Yes No
- Sensitive to sweets Yes No
- Sensitive to biting Yes No
- Food impaction Yes No
- Clenching/grinding Yes No
- Shifting in bite Yes No
- Change in bite Yes No

How often do you brush your teeth? \_\_\_\_\_ How often do you floss your teeth? \_\_\_\_\_

Have you ever been told you have gum disease or periodontal disease? yes no

Have you had periodontal surgery? yes no Periodontist's Name: \_\_\_\_\_

Are you satisfied with your smile? yes no

If no, what would you like to change: \_\_\_\_\_

Are you interested in whitening your teeth? yes no

Have you ever considered cosmetic dentistry (veneers, shaping, etc.)? yes no

Are you interested in straightening your teeth? yes no

Are you interested in dental financing? yes no

If you're a tobacco user, are you interested in information about quitting the use of tobacco products? yes no N/A, non-user

Have you ever been diagnosed with TMJ? yes no Have you ever worn a night guard/bite splint? yes no

Do you have frequent pain or muscle tension in your jaw, head or neck? yes no

### ***REFERRAL INFORMATION***

#### **Whom may we thank for referring you to our practice?**

- Another Patient (please list name): \_\_\_\_\_  Chamber of Commerce
- Cookie Call  Direct Mail (circle one): Welcome to Neighborhood postcard Mailer of local businesses Oversized postcard
- Email  Employee (please list name): \_\_\_\_\_  Insurance
- Internet  Location  Register Receipt  School Outreach  Social Media
- Sponsorship/Gift Certificate  Yellow Pages  Other \_\_\_\_\_