

Patient Dental History

AS A PATIENT OF COMPASS DENTAL, IT IS IMPORTANT THAT WE UNDERSTAND YOUR DENTAL HISTORY. THIS WILL ASSIST US IN HELPING TO GUIDE YOU TOWARD YOUR BEST DENTAL HEALTH. PLEASE TAKE A MOMENT TO ANSWER THIS QUESTIONS....

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU.

- Sensitivity to (hot, cold, sweet)
 - Upper Right Lower Right Upper Left Lower Left
- Headaches, earaches, neck pain
- Jaw Joint pain Teeth or filling breaking
- Grinding or clenching teeth
- Bleeding, swollen or irritated gums
- Loose, tipped or shifting teeth Bad Breath

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?

- Dentures or Partial Dentures
- Braces
- Gum Treatments
- Bleeding when brushing or flossing
- Crowns, Fillings Extractions

PLEASE SHARE THE FOLLOWING DATES:

- Your Last Cleaning: _____/_____/_____
- Your Oral Cancer Screening: _____/_____/_____
- Your last complete X-Rays: _____/_____/_____
- Last Gum Health assessment: _____/_____/_____

Name of your Previous Dentist: _____

City: _____ State: _____

Phone Number: _____

WHAT IS THE MOST IMPORTANT THING TO YOU ABOUT YOUR FUTURE SMILE AND DENTAL HEALTH?

WHAT DID YOU LIKE MOST ABOUT YOUR PREVIOUS DENTIST?

_____ LEAST? _____

REGARDING YOUR DAILY REGIMEN DO YOU?

BRUSH FLOSS WHICH TYPE OF BRUSH MANUAL Power

DO YOU HAVE ANY QUESTIONS FOR US TODAY? -

IF YOU COULD WHITEN YOUR TEETH FOR A COST ANYONE COULD AFFORD, WOULD YOU DO IT? YES NO

DO YOU SMOKE OR USE CHEWING TOBACCO? YES NO

How MUCH? _____ FOR HOW LONG? _____

IF I COULD CHANGE MY SMILE I WOULD ...

- Make them whiter
- Make them straighter
- Close Spaces
- Replace black metal fillings with tooth colored restorations
- repair chipped teeth
- replace missing teeth
- replace old crowns that don't match
- have a smile makeover

ON A SCALE OF 1 – 10, WITH 10 BEING THE HIGHEST RATING:

How important is your dental to health to you?
1 2 3 4 5 6 7 8 9 10

Where would you rate your current dental health?

1 2 3 4 5 6 7 8 9 10

WHY DID YOU LEAVE YOUR PREVIOUS DENTIST?

WHAT IS THE MOST IMPORTANT THING TO YOU ABOUT YOUR DENTAL VISIT TODAY? IS THERE AN AREA YOU'D LIKE TO FOCUS ON?

HOW DID YOU HEAR ABOUT OUR OFFICE?

