Towne Pointe Dental

Dental History

Chief complaint:

When was your last dental visit?

The reason of that visit:

When was your last dental cleaning:

Please check any of the following problems that apply to you:

☐	Bad breath or bad taste in your mouth	☐	Tooth pain or discomfort when chewing	☐	Sensitivity: Circle applicable ones: Hot cold pressure sweet
☐	Bleeding, swollen or irritated gums	☐	Teeth or fillings breaking	☐	Difficulty Opening or closing
☐	Grinding or clenching teeth	☐	Loose or shifting teeth	☐	Sleep Apnea
☐	Clicking Jaw	☐	Dry Mouth	☐	Headaches, earaches or neck pain
☐	Snore	☐	Jaw joint pain	☐	Gag easily
☐	Bleeding when use floss	☐	Bleeding during brushing.		Gap become widened between teeth

If you could change your smile, you would:

☐	Close spaces or gaps	☐	Repair chipped tooth	☐	Make them straighter
☐	Have a smile makeover	☐	Replace missing teeth	☐	Replace old crowns that do not match other teeth
☐	Make them brighter	☐	Replace dark metal fillings with tooth-colored fillings		

On a scale of 1-10, with 10 being the highest rating (please circle):

How important is your dental 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

How often do you brush per day: _____

How often do you floss per week: _____

Have you ever had orthodontic (braces) t reatment? ☐ YES ☐ NO

Do you smoke or use chewing tobacco? ☐ YES ☐ NO

If "YES", how often and for how long? _____