



Aliso Niguel Dental Group

including Orthodontics

PATIENT DENTAL HISTORY (CONFIDENTIAL)

Reason for Today's Visit: _____

Previous Dentist: _____ reason for leaving: _____

Date of last visit: _____ last dental x-rays: _____

Have you had any unpleasant dental experiences or anything about dentistry that you strongly dislike?

Have you had an unfavorable medical response to a dental procedure, medication or material? _____

Do you require nitrous oxide sedation or other special treatment? _____

Is fear of dentistry a major barrier to you? _____

Are time constraints a problem? _____

Are financial limitations important? _____

Do you clench or grind your teeth? _____

Do you have a history of jaw joint pain, clicking, popping, locking, treatment? _____

Do you suffer from frequent headaches? _____

Have you had regular dental visits? _____ how often? _____

Do you floss? _____ how often? _____ gums bleed? _____

Loose/shifting teeth? _____ sensitive teeth? _____

Offensive breath? _____

Do you need any dental work replaced for functional reasons? _____

Are you happy with the appearance of your teeth? _____

If not, what could be improved? _____

Are you interested in having any dentistry replaced for cosmetic reasons? _____

Do you need to discuss anything with the doctor in private? _____

Patient/Parent/Guardian signature (consent) _____

Doctor signature _____