



Alameda Dental

DENTAL HISTORY QUESTIONNAIRE

Name _____ Age _____ Date _____

What is the reason for your visit today? _____

When was your last dental visit? _____ What for? _____

I routinely see my dentist every 3 Mo. 4 Mo. 6 Mo. 12 Mo. Not Routinely

Frequency of brushing? _____ Flossing? _____ Mouthrinses? _____

Frequency of sugary foods and drinks? Low Moderate High

Personal History

YES NO

- Are you fearful of dental treatment? How fearful? .
On a scale of 1(least) to 10 (most) 1 2 3 4 5 6 7 8 9 10
- Have you had trouble getting numb or had any reactions to local anesthetic?
- Have you had previous unfavorable dental treatment?
- Have you had complications following past treatment?
- Have you had orthodontic treatment (braces/retainers) or had your bite adjusted?
- Have you had any teeth removed?

Gum and Bone Health

- Do you have sore or bleeding gums when brushing or flossing?
- Have you been treated for periodontitis or told you have bone loss around your teeth?
- Do you notice an unpleasant taste/odor in your mouth?
- Do you have a family history of periodontal disease?
- Have you had any gum recession?
- Do you have loose teeth or difficulty eating an apple?

Tooth Structure

- Have you had cavities within the past 3 years?
- Do you feel like your mouth is often dry or have difficulty swallowing food?
- Do you notice any pitting or holes on the chewing surface of your teeth?
- Are your teeth sensitive to hot, cold, biting pressure, eating sweets?
- Do you have grooves or notches on your teeth near the gum line?
- Have you ever broken/chipped your teeth? How about a filling?
- Have you ever had a tooth ache?
- Do you frequently get food caught between your teeth?

Bite and Jaw History

- Do you have problems with your jaw joint (pain, sounds, limited opening, locking, popping)?
- When you bite your teeth together do you feel like your lower jaw is being pushed back?
- Do you have difficulty chewing gum, carrots, nuts, bagels, baguettes or other hard food?
- In the last 5 years have your teeth become shorter, thinner or worn?
- Are your teeth becoming more crooked, crowded or overlapped?
- Are your teeth developing spaces or becoming loose?
- Do you have more than one bite or do you squeeze/shift your jaw to make your teeth fit together?
- Does your tongue rest between your teeth?
- Do you chew ice, bite your nails, use your teeth to hold objects or have other habits?
- Do you clench your teeth in the daytime or make them sore?
- Do you have problems with sleep, wake up with a headache or an awareness of your teeth
- Do you wear or have you ever worn a bite appliance (night guard, retainer)?

Esthetics

- Would you like to change anything about the appearance of your teeth?
- Have you ever whitened (bleached) your teeth?
- Have you felt uncomfortable or self-conscious about the appearance of your teeth?