Tustin Dental Wellness

Dental Health History Form

Today's Date_____

Patient Name: First_____MI_____ Last_____Nickname_____

What are your goals in coming to our practice today? _____

What is important to you in a dentist or dental practice? _____

What has been your experience with the dentist in the past? _____

Date of last radiographs (x-rays) and exam_____

Date of last hygiene continuing care appointment (cleaning or periodontal maintenance) _____

Former Dentist_____Phone_____

Address: Street_____City_____State_____ Zip_____

If you left your previous dentist, what are the reasons? _____

Have you had problems with prior dental treatment? _____

Are you experiencing any pain now? ☐ Yes ☐ No

If yes, please describe_____

Have you ever been pre-medicated for dental treatment? ☐ Yes ☐ No

If yes, why? _____

Have you been anxious about having dental treatment? ☐ Yes ☐ No

If yes, would you be comfortable sharing why? _____

Would you like to discuss this concern with the doctor to learn about your relaxation options?_____

What concerns do you currently have with your oral health or smile? (Check all that apply)

☐ Jaw joint pain
☐ Clenching or grinding of teeth
☐ Discolored teeth
☐ Crowding/Crooked teeth
☐ Missing teeth
☐ Spaces in between teeth
☐ Loose tooth/teeth
☐ Tooth shape or size
☐ Unhappy with appearance of teeth
☐ Overbite
☐ Underbite
☐ Uncomfortable bite
☐ Old fillings (gold or silver)
☐ Old crowns
☐ Speech problems
☐ Too much gum tissue when I smile
☐ Tooth sensitivity to hot/cold or anything else
☐ Food gets caught in between teeth
If yes, where?_____
☐ Difficulty chewing
If yes, where?_____
☐ Bad breath
☐ Other_____

Have you ever had orthodontic treatment? ☐ Yes ☐ No

If yes, when?_____

Have you ever had periodontal (gum tissue) treatment, such as deep cleanings, root planning, or periodontal surgery? ☐ Yes ☐ No

If yes, when?_____

Have you whitened your teeth in the past? ☐ Yes ☐ No

If yes, what method?_____

Are you interested in learning more about the following? (Check all that apply)

☐ Teeth Whitening
☐ Orthodontic treatment
☐ Veneers
☐ Tooth-colored fillings
☐ Dental Implants
☐ How to prevent periodontal disease
☐ At-home oral hygiene care
☐ Periodontal treatment during pregnancy
☐ Oral hygiene care for infants and toddlers