Print Patient's Name

Date of Birth

Dental History

OVERALL DENTAL HEALTH

Yes	No	
☐	☐	Bad Breath
☐	☐	Bad Taste in Mouth
☐	☐	Bleeding Gums
☐	☐	Gums Tender or Swollen
☐	☐	Burning Sensation on Tongue
☐	☐	Mouth Pain
☐	☐	Mouth Breathing
☐	☐	Dry Mouth
☐	☐	Lip/Cheek Biting
☐	☐	Chew on One Side of Mouth
☐	☐	Loose Teeth or Fillings
☐	☐	Food Stuck Between Teeth
☐	☐	Foreign Objects in Mouth
☐	☐	Blisters, Sores, or Growths in Mouth
☐	☐	Cold Sores
☐	☐	Snoring/Sleep Apnea

PREVIOUS SURGERIES/TREATMENTS:

Yes	No	
☐	☐	Orthodontic (Braces)
☐	☐	Periodontal (Gums)
☐	☐	Endodontic (Root Canals)
☐	☐	Oral Surgery
☐	☐	Wisdom Teeth Removed
☐	☐	Orthognathic (Jaw)
☐	☐	Tooth Whitening
☐	☐	Tonsillectomy

HABITS:

Yes	No	
☐	☐	Cigarettes
☐	☐	Cigars
☐	☐	Pipe
☐	☐	Snuff/Smokeless Tobacco
☐	☐	Vaping
☐	☐	Alcohol
☐	☐	Fingernail Biting
☐	☐	Chewing Ice
☐	☐	Other

JAW:

Yes	No	
☐	☐	Pain
☐	☐	Tiredness
☐	☐	Clicking
☐	☐	Popping
☐	☐	Surgery
☐	☐	Ear Pain
☐	☐	Teeth Clenching/Grinding

SENSITIVITY TO:

Yes	No	
☐	☐	Hot
☐	☐	Cold
☐	☐	Air
☐	☐	Sweets
☐	☐	Biting/Pressure
☐	☐	Other

OVER, PLEASE ➡

Print Patient's Name

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Medical History

Please check Yes or No to each of the following and explain:

Yes/No	
☐ ☐	Diabetes
☐ ☐	Cancer
☐ ☐	Heart Disease
☐ ☐	Stroke
☐ ☐	Thyroid Disease
☐ ☐	Bleeding Disorders
☐ ☐	Asthma
☐ ☐	Emphysema
☐ ☐	Aneurysm
☐ ☐	Autoimmune Disease

Yes/No	
☐ ☐	Artificial Heart Valve
☐ ☐	Joint Replacement
☐ ☐	Spinal Fusion
☐ ☐	Any Pins/Screws/Plates
☐ ☐	Rheumatic Fever

OTHER MEDICAL CONDITIONS:

Yes/No	
☐ ☐	
☐ ☐	
☐ ☐	

Yes/No	
☐ ☐	Back/Neck Problems
☐ ☐	Chest Pains
☐ ☐	Shortness of Breath
☐ ☐	Difficulty Breathing
☐ ☐	Pacemaker/Defibrillator
☐ ☐	High Blood Pressure
☐ ☐	Low Blood Pressure
☐ ☐	Heart Attack
☐ ☐	Heart Bypass
☐ ☐	Migraine Headaches
☐ ☐	Frequent Sinus Infections
☐ ☐	Frequent Ear Infections
☐ ☐	High Cholesterol

ALLERGIES:

Yes/No	
☐ ☐	Latex
☐ ☐	Penicillin
☐ ☐	Lidocaine
☐ ☐	Septocaine
☐ ☐	Vicodin

Yes/No	
☐ ☐	HIV
☐ ☐	AIDS
☐ ☐	Hepatitis
☐ ☐	Herpes
☐ ☐	HPV
☐ ☐	Other

Yes/No	
☐ ☐	Anxiety
☐ ☐	Nervousness
☐ ☐	Depression
☐ ☐	Dental Phobia/Anxiety

MEDICATIONS:

Patient Signature

Date