South River DENTAL CARE

Patient Information

Date: _____ Name: _____ Date of Birth: _____

General Dental Information

When was your last dental visit? ( ) 6 Months ago ( ) 1-2 Years ago ( ) Over 2 Years ago ( ) Never

Who was your previous dental provider? _____

Very Unhappy Very Happy

I am _____ with the appearance of my smile: 1 2 3 4 5 6 7 8 9

Have you ever pre-medicated with antibiotics for a dental visit? ( ) Yes ( ) No ( ) I don't know

Do you have or have you had the following?

	YES	NO		YES	NO
Bleeding gums while brushing or flossing	( )	( )	Sensitive to Hot or Cold	( )	( )
Sensitive to sweet /sour liquids or foods	( )	( )	Pain in any of your teeth	( )	( )
Sores or Lumps inside of your mouth	( )	( )	Food caught in teeth	( )	( )
Head or Neck or Jaw injuries	( )	( )	Difficult extractions	( )	( )
Biting lips or cheek frequently	( )	( )	Ever had prolonged bleeding	( )	( )

Other Concerns: _____

Please rate the following based on the likelihood of it preventing you from having dental treatment:

	Unlikely								Likely
Fear	1	2	3	4	5	6	7	8	9
Cost of treatment	1	2	3	4	5	6	7	8	9
Taking time off	1	2	3	4	5	6	7	8	9

Do you grind or clench your teeth? ( ) Yes ( ) No ( ) I don't know
If yes, ( ) only at night ( ) during the day ( ) both

Does your jaw pop or click? ( ) Yes ( ) No

Do you ever have a tired jaw, especially in the morning? ( ) Yes ( ) No

Do you wear a night guard? ( ) Yes ( ) Yes, but I am not consistent with wearing it ( ) No
If yes, when was it made? _____
If not consistent, why? _____

Do you wear a CPAP? ( ) Yes ( ) Yes, but I am not consistent with wearing it ( ) No

Do you have trouble sleeping through the night? ( ) Yes ( ) No

Do you experience problems with acid reflux or heartburn? ( ) Yes ( ) No

Do you have a history of a periodontal disease? ( ) Yes ( ) No
If yes, have you ever had a "deep-cleaning" (Scaling and Root Planing)? ( ) Yes ( ) No

Have you ever had orthodontic treatment (Braces, Invisalign, SureSmile, etc.)? ( ) Yes ( ) No
If yes, do you wear a retainer? ( ) Yes ( ) Yes, but I am not consistent with wearing it ( ) No

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