

# Joyful Dental Care

6314 N. Cicero Ave. Chicago, IL 60646  
(773) 736-7767 office@joyfuldentalcare.com

## DENTAL HISTORY

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

What is the reason for your visit today? \_\_\_\_\_

### Date of last...

Dental visit? \_\_\_\_\_ Dental cleaning? \_\_\_\_\_ Full mouth x-rays? \_\_\_\_\_

What was done at your last dental visit?

\_\_\_\_\_

### Previous Dentist

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

How often do you have dental exams? \_\_\_\_\_

How often do you brush your teeth? \_\_\_\_\_ How often do you floss? \_\_\_\_\_

Do you use any other dental aids (Ex: electric toothbrush, toothpick, etc)? \_\_\_\_\_

Do you have any dental problems at this time? \_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

## MARK ANY OF THE FOLLOWING YOU HAVE NOW OR HAVE HAD IN THE PAST

**Sensitivity:** \_\_\_ Hot \_\_\_ Cold \_\_\_ Sweets \_\_\_ Biting or chewing \_\_\_ Pressure

**Do you:**

- \_\_\_ Clench or grind (awake or asleep)
- \_\_\_ Bite lips or cheeks
- \_\_\_ Mouth breather (awake or asleep)
- \_\_\_ Tired jaws, especially in morning
- \_\_\_ Jaw pop or click
- \_\_\_ Smoke or chew tobacco
- \_\_\_ Get cold sores, blisters or other lesions
- \_\_\_ Notice any loose teeth, change in bite, tipped or shifted teeth
- \_\_\_ Notice any mouth odors or bad tastes
- \_\_\_ Notice your gums bleed or hurt
- \_\_\_ Notice food getting caught between teeth. If yes, where: \_\_\_\_\_

Have your parents experienced gum disease or tooth loss? \_\_\_\_\_

**Have you ever had:**

- \_\_\_ Orthodontic treatment?
- \_\_\_ Oral Surgery?
- \_\_\_ Periodontal treatment?
- \_\_\_ Your teeth ground or bite adjusted?
- \_\_\_ A bite plate or mouth guard?
- \_\_\_ A serious injury to the mouth or head?

If yes, please describe: \_\_\_\_\_

Do you like your smile? \_\_\_ Yes \_\_\_ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_