



Medical and Dental History

Full Name

First Name

Last Name

What is your Gender?

Female

Male

Date of birth



Date

Phone Number

Area Code

Phone Number

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Check the medical conditions that apply to you

- Asthma
- Cancer
- Cardiac disease
- Diabetes
- Hypertension
- Psychiatric disorder
- Epilepsy
- Anemia
- Hepatitis
- HIV/AIDS
- Pacemaker
- Kidney disease
- Liver disease
- Mitral valve prolapse
- Stroke
- Joint replacement
- Shortness of breath
- Respiratory disease
- Drug dependency
-

Have you ever been told by your physician that you require premedication before dental hygiene appointments?

- Yes
 No

Women only, Are you pregnant?

- Yes
 No

Are you currently taking any medication?

- Yes
 No

If yes, please list:

Do you have any allergies?

- Yes
 No

If yes, please list:

Have you had any surgeries in the past?

- Yes
 No

If yes, please list:

Are you a smoker?

- Yes
 No

Are any of your teeth sensitive to (Select all that applies):

- Sweets
 Cold
 Hot
 Biting or chewing

Do you have or notice any of the following (Select all that applies):

- Biting your lips or cheeks often
- Mouth breathing
- Clicking or popping of the jaw
- Jaw pain
- Sleeping disorder
- Grinding or clenching of your teeth
- Bad breath
- Bad/metallic taste in your mouth
- Bleeding gums
- Food getting stuck between your teeth often
- Cold sores often
- Loose teeth
- Difficulty chewing
- Difficulty opening or closing mouth

Have you ever had (Select all that applies):

- Periodontal (gum) surgery
- Orthodontic treatment (braces)
- Night guard
- Sports guard

How happy are you with your smile?

A horizontal slider scale for rating happiness with a smile. The scale ranges from 0 to 10, with a blue dot indicating a rating of 5.

Do you have any dental concerns?

Have you ever had any bad dental experiences or dental complications?

How nervous are you about dental hygiene visits?

1 2 3 4 5

Not nervous at all

Very nervous

When was your last dental visit?

How often are you brushing?

How often are you flossing?