

Weber Dental

Family Dental Care

Because You Deserve a Healthy Smile

DENTAL HEALTH HISTORY

Patient Name: _____ **Date of Birth:** _____

Former Dentist: _____ **Last Visit?** _____

Is keeping your teeth important to you? _____ If yes, why? _____

On a scale of 1-10, 10 being the best, where would you rate your smile? _____

On a scale of 1-10, 10 being the best, where you rate your oral health? _____

Does having dental treatment make you afraid or nervous? _____ If yes, what specific things bother you? _____

Is the brightness of your teeth important to you? _____

If you could change anything about your smile which of the following would you want?

- | | | |
|------------------------------|-------------------------|--------------------------------|
| Whiter Smile | Close space | Replace chipped teeth |
| Replace missing tooth | Replace old crowns | Remove silver filling |
| Remove Stains/Spots on teeth | Excess showing of Teeth | Replace old plastic filling(s) |
| Straighter teeth | Less Gum showing | Reshape/resize my teeth |

Where do you see your overall health in the next five to ten years? _____

Please circle the following which are important to you when making your dental health decision:

- | | | |
|-----------------------|------------|---------------------------------|
| Convenience | Appearance | Relationship with Dental Team |
| Finances | Time | Quality of care |
| What insurance covers | Health | Detailed Treatment Explanation? |
| Fear or Anxiety | Comfort | Technology |

Have you experienced any of the following problems?

- Bad Breath or sour taste in mouth
- Bleeding gums
- Burning sensations in mouth
- Clenching or Grinding of Teeth
- Do you or your parents wear dentures/partials?
- Do you smoke or chew tobacco?
- Did you ever wear braces?
- Ever been injured in your mouth or head?
- Food catching between teeth
- Frequent Headaches
- Have you or your parents had from Gum Disease?
- Is it hard for you to open wide?
- Oral Surgery of any kind?
- Pain/soreness around ears, eyes, face
- Sensitivity to Hot & Cold
- Snoring
- Soreness/Clicking or popping in jaw
- Stiff neck muscles