

HEALTH HISTORY

Have you had any of the following?

Yes No

Does your jaw “click” or hurt?.....

Do you feel you grind your teeth?.....

Have you ever had orthodontic treatment?

Do you wear a dental night guard?

Have you ever had periodontal (gum) treatment?.....

Have you ever had your bite adjusted?.....

Do you bite your lips or cheeks often?

Do you smoke?.....

Do you think you have occasional bad breath?

Do your gums ever bleed when you clean your teeth?

Do you experience sensitivity with hot/cold?.....

Do your teeth ever hurt when you bite hard?

Does floss ever tear between your teeth?.....

Does food get jammed between your teeth?.....

Is there anything else you would like us to know?

How long since your last dental appointment?: _____

How often do you have dental examinations?: _____

Previous dental x-rays were taken: Less than 1 year Longer than 1 year

<mailto:appointments@22-smile.com>