RIVER·PARK
FAMILY DENTISTRY

DENTAL HISTORY

1. Name of Previous Dentist _____ Last Seen _____

2. Are You Required to Take Antibiotics Prior to Dental Treatment? _____

3. Last Complete Dental Exam/Full Mouth X-Rays _____

4. Have You Had Bad Dental Experiences in the Past? _____ 5. Are You Apprehensive About Dental Treatment? _____

6. Have You Had any Periodontal (Gum) Treatments? _____ 7. Do Your Gums Bleed or Feel Tender? _____

8. Are Your Teeth Sensitive to (please circle): Hot Cold Sweets Pressure

9. Are You Happy with the Appearance of Your Teeth? _____ 10. Would You Like Your Smile to Look Better? _____

11. Are You Aware of Grinding or Clenching Your Teeth? _____ 12. Do You Have Headaches, Earaches or Neck Pain? _____

13. Do You Have Problems with Teeth/Fillings Breaking? _____ 14. Have You Worn Braces on Your Teeth? _____

15. If You Wear Dentures, Are You Happy with Them? _____ 16. Would You Like to Know About Implants? _____

17. How Do You Clean Your Teeth? (please circle appropriate answer below)

A. Brushing: How Often? 1 / 2 / 3 times per day / week / month

B. Flossing: How Often? 1 / 2 / 3 times per day / week / month

C. Toothbrush Texture? Soft / Medium / Hard

18. Do You Use Any of the Following for Cleaning Your Teeth? (please circle)

Toothpicks Salt Water Baking Soda Mouth Rinses Water Pik Peroxide

19. Please Rank the Following in the Order in Which They Would Keep you From Having Dental Treatment:

Fear of Pain #_____ Lack of Concern #_____ Cost of Treatment #_____ Missing Work Time #_____

20. Is There Any Other Medical or Dental Information that You Think We Should Know About? _____

_____

CONSENT:

The undersigned hereby authorizes Dr. Grieb to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Dr. Grieb to make a thorough diagnosis of the patient's dental needs. I also authorize Dr. Grieb to perform any and all forms of treatment, medication and therapy, that may be indicated. I also understand the use of anesthetic agents embodies a certain risk.

Signature (Parent's if Minor) _____ Date: _____