

Smiles Chandler Dental History

How may we help you today? _____

When was your last dental visit? _____

When was your last dental cleaning? _____

Why did you leave your last dentist? _____

Your current dental health is: Good Fair Poor

Are you currently in pain? Yes No

Are your teeth sensitive to hot, cold or anything else? Yes No

Do your gums bleed? Yes No

Have you ever had gum treatment? Yes when? _____ No

How many times do you: Floss/week? _____ Brush/day? _____

Do you have any pain/discomfort in your jaw joint? Yes No

Are you under more stress than usual? Yes No

Do you like your smile? Yes No

Is there anything you would like to change about your smile? Yes No

Are you happy with the color of your teeth? Yes No

Have you ever had a serious/difficult problem with any previous dental work? Yes No

Have you ever had any unfavorable dental experiences? Yes No

How can we better accommodate you during your dental visit? _____

We offer a wide range of services to maintain and enhance your smile. Please circle any services below that you would like to discuss during your visit.

Tooth Whitening

Invisalign

Sealants

Bonding

Implants / Implant crowns

Night/Sport Guards

Partials/Dentures

Crown and Bridge

Tooth Colored Fillings