DENTAL HEALTH HISTORY & AESTHETIC CONCERNS

FORMER DENTIST _____ DATE OF LAST VISIT _____

REASON FOR LEAVING _____

WILL YOU BE UTILIZING PREVIOUS X-RAYS ❑ YES ❑ NO DATE OF X-RAYS _____

BIRTH PLACE _____ NAME YOU GO BY _____ CHILDREN'S NAMES & AGES _____

WHAT WOULD YOU LIKE US TO DO FOR YOU? _____

WHEN WOULD YOU LIKE US TO BEGIN TREATMENT? _____

IF YOU ARE "PHOBIC" OF GOING TO THE DENTIST, WHAT IS YOUR BIGGEST FEAR? _____

HAVE YOU EVER HAD ANY SERIOUS PROBLEMS ASSOCIATED WITH PREVIOUS TREATMENTS? _____ ❑ YES ❑ NO

IF SO, EXPLAIN _____

DO YOU HAVE ANY MISSING TEETH? _____ IF YES, HAVE YOU HAD THEM REPLACED? _____

IF YOU HAVE HAD MISSING TEETH REPLACED, ARE YOU HAPPY WITH THE RESULTS? _____

IF NOT, WOULD YOU LIKE TO LEARN ABOUT YOUR OPTIONS TO REPLACE THEM? _____

DO YOU HAVE PARENTS WITH DENTURES? _____ DO YOU HAVE PARENTS WITH GUM DISEASE? _____

DO YOU EVER FEEL (OR HAVE YOU EVER BEEN TOLD) THAT YOU DON'T HAVE FRESH BREATH? _____

HOW OFTEN DO YOU BRUSH YOUR TEETH? _____ HOW OFTEN DO YOU FLOSS (REGULARLY)? _____ WHAT TYPE OF FLOSS? _____

WHAT TYPE OF BRUSH DO YOU USE? ❑ SOFT ❑ MEDIUM ❑ HARD

DO YOU AVOID BRUSHING ANY PART OF YOUR MOUTH BECAUSE OF PAIN? ❑ YES ❑ NO IF YES, WHAT PART? _____

WHICH FOODS CAUSE YOU TWINGES OF PAIN? ❑ HOT ❑ COLD ❑ SWEET ❑ HARD ❑ NONE

DO YOU LOOSE FILLINGS OR BREAK FILLINGS? ❑ YES ❑ NO

DO YOU CHEW ON ONLY ONE SIDE OF YOUR MOUTH? ❑ YES ❑ NO IF YES, EXPLAIN _____

DO YOUR GUMS FEEL TENDER OR SWOLLEN? ❑ YES ❑ NO DO YOU HAVE MANY CAVITIES? ❑ YES ❑ NO

DO YOU CLENCH/GRIND YOUR JAWS WHILE SLEEPING OR DURING THE DAY? ❑ YES ❑ NO DO YOUR JAWS EVER FEEL TIRED? ❑ YES ❑ NO

DO YOU SNORE LOUDLY? ❑ YES ❑ NO

ARE THERE ANY QUESTIONS ABOUT DENTISTRY THAT YOU HAVE NEVER HAD ADEQUATELY ANSWERED? _____

We respect your right to choose the level of care that fits your needs. We've found that many adults are unaware that problems even exist. There are rarely symptoms (pain, bleeding) associated with the aging and deterioration of teeth and gums – until it is far too late. According to the ADA, more than 80% of adult Americans have some level of gum disease. With your permission we would like to explain the choices available to achieve long-term health and beauty for your existing natural teeth. Please check all that apply:

- ❑I desire to keep my own teeth for life if possible, I want my teeth to look good, feel good and last for a long time.
- ❑Spreading payments out over time may help me to achieve the excellent results I desire.
- ❑Phasing treatment, by priority, over a few years may make it feasible for me to achieve the excellent results I desire
- ❑I am interested in a plan for long-term dental health. However, I am currently unable to pursue this and would appreciate help with the most immediate needs and cleanings for now.
- ❑Although I am not interested in a plan for long-term dental health, I do desire an office which will treat teeth in need of immediate/emergency attention, as well as keeping me up to date on cleanings.
- ❑I only desire emergency attention and do not want regular cleanings.

COSMETIC / AESTHETIC EVALUATION

ARE YOU DELIGHTED WITH YOUR SMILE? _____ PLEASE RATE YOUR SMILE FROM 1 TO 10 (1=I HAVE MY SMILE, 10=AMAZING) _____

WOULD YOU LIKE TO HAVE WHITER TEETH? ❑ YES ❑ NO WHAT IS THE MOST IMPORTANT THING ABOUT YOUR TEETH? _____

IF YOU HAD A MAGIC WAND, WHAT, IF ANYTHING WOULD YOU CHANGE ABOUT YOUR SMILE? _____

WHAT (IF ANY) PERSONAL OR PROFESSIONAL BENEFIT MIGHT YOU GAIN IF YOU HAD A GORGEOUS SMILE? _____

DO YOU HAVE ANY SPECIAL OCCASIONS COMING UP? _____

IF YOU ARE NOT HAPPY WITH YOUR SMILE, CHECK ALL THAT BOTHER YOU

PLEASE ADD ANYTHING YOU FEEL IS IMPORTANT _____

- ❑ ALL FRONT TEETH TOO DARK
- ❑ SINGLE TOOTH TOO DARK
- ❑ SPACES BETWEEN TEETH
- ❑ OLD CROWNS (COULD BE MORE ATTRACTIVE)
- ❑ FRACTURES
- ❑ TEETH TOO LONG
- ❑ TEETH TOO SHORT
- ❑ TEETH ROTATED
- ❑ TEETH ANGLED
- ❑ TEETH CROWDED
- ❑ DARK OR STAINED FILLINGS
- ❑ TOO MUCH GUM SHOWING IN YOUR SMILE
- ❑ UNEVEN EDGES

Our goal is to develop with you a relationship that makes you feel comfortable both physically and emotionally. Feedback is VITAL, so if there is ever a problem (no matter how trivial), I want to personally know about it. I look forward to meeting you and welcome you to our dental family.

Warm Regards,
Larry Klein D.D.S