

Today's Date _____

Dental history interview

Yes No

Are your teeth sensitive to Heat
Cold
Sweets
Biting Pressure

Does food catch between your teeth?

Do your gums bleed when brushing or flossing?

Do you have an unpleasant taste in your mouth?

Do you avoid any part of your mouth while cleaning?

Are you dissatisfied with your teeth or their
Appearance, what would you like to change?

Do you wish you had whiter teeth?

Do you smoke?

Are you concerned about the finances required to
Return your mouth back to health?

Have you ever had any teeth removed?
How long have these teeth been missing?

Is there anything you want to avoid happening in your mouth?
i.e. nerve therapy, tooth loss

Have you ever had an unpleasant dental experience?

When was your last thorough dental examination? _____
Professional Cleaning? _____
Periodontal Examination? _____

Are visual aids a good learning tool for you?

What is most important to you in your relationship with
Your doctor?

What did you like most about your previous dentist?

What are your expectations of Dr. Ross? (i.e.; comfort,
appearance, function, money, time, keeping teeth)

How important is your health to you?

Why did you leave your last dentist?

What are your present dental concerns (problems)?

Where do you feel your present dental health is today?

Ideally, where would you like your dental health to be?

OFFICE USE: What was your role at the dentist in the past?
Crisis/ emergency Prevention
Future?
Crisis/ emergency Prevention

Is there anything that is important to you that I have left out?

Now where do you think your dental health is on the scale from poor to excellent?