

DENTAL HISTORY

Griffin Dentistry considers your dental history an important tool in treating you today and in the future. Thank you for taking the time in answering the following questions so we can help you achieve optimum oral health for a lifetime.

Purpose for today's visit: _____

How long has it been since your last dental cleaning/exam? _____

Circle the appropriate answer.

Are you anxious about going to the dentist? YES/NO

Are you happy with your smile and color of your teeth? YES/NO

If you have replacement teeth from extractions (bridges, dentures, partials, implants) are you happy with the fit and appearance? YES/NO

Would you like to learn about permanent tooth replacement? YES/NO

Do you clench or grind your teeth? YES/NO

Are your teeth sensitive to: COLD/HOT/SWEETS/PRESSURE

Does food get caught between your teeth? YES/NO

Are any of your teeth loose, shifted, or chipped? YES/NO

Do you experience dry mouth? YES/NO

How often do you brush your teeth? _____

How often do you floss your teeth? _____

Do you feel your breath is offensive at times? YES/NO

Do your gums bleed or hurt? YES/NO

Do you have a family history of gum or teeth problems? YES/NO

Have you ever had a "deep cleaning" or gum surgery? YES/NO

Do you or have you previously: SMOKED/DIP TOBACCO

Is there anything else you would like to share with us that would help ensure your visit with us is a pleasant one?

