Pamela G. Doray, DMD
UNCOMPROMISING CARE. EXQUISITE RESULTS.

Name: _____

New Patient Dental History

Reason for coming to see the dentist:

_____

_____

Are you currently in pain/discomfort? ○Yes ○No

If Yes, please explain: _____

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

If Yes, please explain: _____

Do you require antibiotics before dental treatment? ○Yes ○No

Would you describe your current dental health as: ○ Good ○Fair ○Poor

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

If Yes, please explain: _____

Do you floss daily? ○Yes ○No

Do you brush daily? ○Yes ○No

What type of bristles are on your toothbrush? ○ Hard ○ Medium ○ Soft

Do your gums ever bleed ○Yes ○No

Have you ever had periodontal disease? ○Yes ○No

Have you ever had gum or periodontal treatment? ○Yes ○No

Do you now or have you ever experienced pain/discomfort in your jaw joint (TMJ/TMD)? ○Yes ○No

If Yes, please explain: _____

Are you aware of any habits such as grinding or clenching? ○Yes ○No If so, do you wear a night guard? ○Yes ○No

Have you ever had orthodontic treatment (braces)? ○Yes ○No If so, do you wear retainers? ○Yes ○No

Do you have any loose teeth? ○Yes ○No Do you still have your wisdom teeth? ○Yes ○No

Would you like fresher breath? ○Yes ○No Would you like whiter teeth? ○Yes ○No

Are you happy with the way your smile looks? ○Yes ○No

If not, what would you change? _____

_____

I understand that the information I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my medical/dental status. I authorize the dental staff to perform any necessary dental services that I may need during diagnosis and treatment, with my informed consent.

_____

Signature Date

Our office is HIPAA Compliant and is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA.

Office Use Only

Doctors Comments:

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