

Emily Bland D.D.S

EmilyBlandDDS.com

6080 Lake Murray Blvd., Ste. B • La Mesa, CA 91942

office@emilyblanddds.com

(619)460-0911

Dental History Form

What is the reason for your dental visit today?

How do you feel about your smile?

Would you like to improve your smile * Yes No

How often do you brush your teeth?

How often do you visit the dentist?

Name of former dentist?

How often do you floss?

Date of last dental exam:

Date of last dental x-ray:

Do your gums bleed when you brush or floss? Yes No

Do you have any loose teeth? Yes No

Are your teeth sensitive to cold, hot, sweets, or pressure? Yes No

Does food or floss catch between your teeth? Yes No

Is your mouth dry? Yes No

Have you had any periodontal (gum) treatments? Yes No

Have you ever had orthodontic (braces) treatment? Yes No

Have you had any problems associated with previous dental treatment? Yes No

Is your home water supply fluoridated? Yes No

Do you drink bottled or filtered water? Yes No

If yes, how often? _____

Do you have headaches, earaches or neck pains? Yes No

How often do you have them? _____

Do you suffer from bad breath? Yes No

Do you have any clicking, popping, or discomfort in the jaw? Yes No

Do you brux or grind your teeth? Yes No

Do you have sores or ulcers in your mouth? Yes No

Do you wear dentures or partials? Yes No

Do you participate in active recreational activities? Yes No

Have you ever had a serious injury to your head or mouth? Yes No

Are you currently experiencing dental pain or discomfort? Yes No

On a scale of 1-10, how would you rate your pain?

I certify that I have read and understand the above and that the information given on this form is accurate. I understand the importance of a truthful health history and that my dentist and his/her staff will rely on this information for treating me. I acknowledge that my questions, if any, about inquiries set forth above have been answered to my satisfaction. I will not hold my dentist, or any other member of his/her staff responsible for any action they take or do not take because of errors or omissions that I have made in the completion of this form.

Signature _____ Date _____

Response Date: _____