



White Dental Spa
 3878 Oak Lawn Ave. Suite 310, Dallas, TX 75219
 (214) 484-1064
 whitedentalsmile.com

Powered by Dental Intelligence

DENTAL HISTORY

| DOB:

General Information

| | |
|--|--|
| Date of your last dental exam | |
| Date of your last cleaning | |
| Do you have any immediate concerns you'd like us to address? | |

Office Relationship

| | |
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| What do you value most in your dental visits? | |
| Is there anything you prefer during your visits to make you more comfortable during your time with us? | |
| On a scale from 1-5, 5 being most terrified, are you fearful of dental treatment? | |

Personal History

| | |
|---|--|
| Please answer the following questions | |
| Are you concerned about the appearance of your teeth? | |
| Are you interested in improving your smile? | |
| Have you had any cavities within the past 2 years? | |
| Are any teeth currently sensitive to biting, sweets, hot, or cold? | |
| Do you avoid or have difficulty chewing or biting heavily any hard foods? | |
| Do you have any problems sleeping, wake up with a headache or with sore or sensitive teeth? | |
| Do you clench your teeth in the daytime? | |

Dental Structural History

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|--|--|
| Please answer the following questions | |
| Do your gums bleed when brushing or flossing? | |
| Have you ever experienced or been told you have gum recession? | |
| Have you ever been treated for or been told you have gum disease? | |
| Are your teeth becoming more crowded, overlapped, or "crooked?" | |
| Are your teeth developing spaces? | |
| Do you frequently get food caught between any teeth? | |
| Have you noticed your teeth becoming shorter, thinner, or flatter over the years? | |
| Do you have problems with your jaw joint? (TMD, popping, clicking, deviating from side to side when opening or closing?) | |

Patient's signature:

Date:

Doctor's signature:

Date: