

DENTAL HISTORY QUESTIONNAIRE

Previous Dentist's name _____ Last Visit _____

Do you have an email contact address? _____

How often do you brush your teeth or floss? _____

When did you last have dental x-rays? _____

	YES	NOT SURE/ MAYBE	NO
Have you been seeing a dentist regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your teeth ache or have pain when chewing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your teeth sensitive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been advised to take antibiotics before dental appointments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your gums bleed when you brush?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any bad experiences with a dental office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or have you been told that you grind or clench your teeth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that you have bad breath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever considered whitening your teeth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you happy with the appearance of your smile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "no", to the last question, what would you change if you could? _____

What expectations or desires do you have of a dental practice? _____

Please list anything else not mentioned above regarding your past dental history

I have reviewed the privacy information provided by your office which explains how your office will use my personal information, and the steps your office is taking to protect my information. I know that your office has a Privacy Code, and I can ask to see the Code at any time.

I agree that Dr. Holman Yu, Dentistry in Waterloo can collect, use and disclose personal information about myself, _____ as set out in the patient consent form, which outlines our office's privacy policy.

Signature

Date

Print name

Signature of witness