

Patient Dental History

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Thursday, October 4, 2012

[2087.4] Scarlett Heights Retirement Patient

When was your last dental visit? _____

When did you last have dental x-rays taken? _____

How often do you brush your teeth? _____

How often do you floss? _____

	Yes	Don't Know or N/A:	No
Have you been seeing a dentist regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your teeth ache?	<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"/>
Do you have any pain when you chew?	<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 been in a vehicle accident or experienced any blows to your jaw?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any implant surgery in your jaw or either jaw joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to the last question, who performed the surgery and when was it done?
_____ Date _____

Are you being followed-up by a dentist specialist? _____

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

