

DENTAL HISTORY

MEDICAL HISTORY

Please check any of the following that apply to you:

- Sensitivity to hot, cold, sweets
- Headaches, ear aches, neck or jaw joint pain
- How severe? _____ How often? _____
- How many days per month are you headache free? _____ Days
- Mouth ulcers or cold sores
- Teeth or fillings breaking
- Grinding or clenching teeth, day or night
- Bleeding, swollen or irritated gums
- Loose, tipped or shifting teeth
- Bad breath
- Sleep apnea
- Tinnitus, ringing in the ears
- Popping, clicking or pain with the jaw joint
- Sore or tender jaw muscles

Do you have or have you had any of the following?

- Dentures or partial dentures
- Braces
- Gum surgery
- Deep cleaning, scaling and root planing

Do you smoke?

-How much? _____ How many years? _____

If I could change my smile, I would:

- Make my teeth whiter
- Make my teeth straighter
- Close spaces
- Replace metal fillings with tooth colored fillings
- Repair chipped teeth
- Replace missing teeth
- Have a smile makeover

On a scale of 1-10, with 10 being the highest rating:

-How important is your dental health to you?

1 2 3 4 5 6 7 8 9 10

-Where would you rate your current dental health?

1 2 3 4 5 6 7 8 9 10

What is the most important thing to you about your future smile and dental health?

Describe any discomfort you have been having with your teeth, jaw, jaw joint, ears, head or neck:

How can we help your dental visits be the most comfortable?

Do you now or have you ever had:

Yes No

- Epilepsy, convulsions or seizures
- Hepatitis, jaundice or liver disease
- Kidney disease or failure
- Venereal disease / List: _____
- Heart murmur or valvular disease
- Tuberculosis or emphysema
- HIV, AIDS
- Diabetes
- Asthma or persistent bronchitis
- Heart trouble, heart attack or stroke
- Pacemaker or atrial fibrillation
- Chest pains, shortness of breath
- Glaucoma, eye disorder
- Thyroid or parathyroid disorders
- Stomach / intestinal problems or ulcers
- X-ray treatments for tumors, etc.
- Bleeding disorder, anemia
- Osteoporosis, low bone density
- Cancer, tumors, leukemia
- Joint replacement
- Slow to heal
- Bleed long time after cuts or bruise easily
- Bone density meds like Fosomax, Actonel
- If female, possibly pregnant
- Reaction on contact with rubber or latex
- Reaction or allergy to any medication

List: _____

Serious illness not listed above

Medications taken now or in the past year, including over the counter meds such as aspirin and fish oil:

Major surgeries:

Printed name: _____

Signature: _____ Date _____

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