Driftwood Health Services Inc.
10-2401 Cliffe Avenue
Courtenay, BC V9N 2L5

CONFIDENTIAL DENTAL HISTORY

NAME: _____ Date: _____

How long since your last dental visit? _____ What was done at that time? _____

_____

Do your gums feel tender or swollen? Yes____ No____
Have you ever received local anaesthetic (freezing?) Yes____ No____
Have you ever been given general anaesthetic? Yes____ No____
Were there any complications due to the anaesthetic procedures? Yes____ No____

Please specify_____

Are you aware of any lump or swelling in your mouth? Yes____ No____
Have you received oral hygiene instruction for the care of your teeth and gums? Yes____ No____

Have you had treatment from a dental specialist? If yes, what type? _____

_____

On a scale of 1-10 how would you rate your smile? (one is low, ten is high) _____

What would make it a 10? _____

_____

Are you eager to keep your natural teeth? Yes____ No____

Are you tense during dental visits? Yes____ No____

If yes, please circle your rating (One is low; five is high) 1 2 3 4 5

Are you interested in sedation for your dental treatments? Yes____ No____

Do you currently experience: (Check where appropriate)

☐ Loose Teeth
☐ Snoring
☐ Neck Pain
☐ Missing Teeth
☐ Spaced or Crooked teeth
☐ Bleeding Gums
☐ Sensitive Teeth
☐ Ear Ache
☐ Unexplained Nosebleed
☐ Unsatisfactory Dentures
☐ Sore Gums
☐ Bad Breath
☐ Headache
☐ Gagging
☐ Popping or clicking in the jaw joint