

NEW PATIENT DENTAL HISTORY

Dr. Amir Sadjadi, D.M.D.

Patient First Name: _____

Patient Last Name: _____

Reason for Today's Visit: _____

Date of last dental examination: (approximate if not recalled) _____

Was any treatment rendered other than a cleaning? (circle) Yes No

Are you currently experiencing dental discomfort? (circle) Yes No

Are any of your teeth sensitive to the following? (circle) Hot Cold Sweet Pressure Other (please explain)

Are you apprehensive about dental treatment? (circle) Yes No

Are you aware of your jaw making clicking or popping noises? (circle) Yes No

Do your jaw muscles feel tired, stiff or painful? (circle) Yes No

Are you aware of clenching or grinding your teeth? (circle) Yes No

If yes, when do you clench or grind? (circle) Daytime During the night or other

Do you wear a nightguard? (circle) Yes No

Have you ever had orthodontic treatment (braces)? (circle) Yes No

Do you wear orthodontic retainers? (circle) Yes No

Are you pleased with the appearance of your teeth? (circle) Yes No

If not, what are you dissatisfied with? (circle) Color Alignment Shape Stains

Other (please explain) _____

Have you ever had periodontal treatment or gum surgery? (circle) Yes No

If yes, how long ago? [Click here to enter text.](#)

Have you ever been informed that you have gum disease? (circle) Yes No

Are you experiencing any of the following? (circle) Receding gumline Gums bleed easily Red/swollen gum tissue

Other (please explain) _____

Do you have any areas where you shred flow or impact food? (circle) Yes No

Are you aware of a bad taste or odor in your mouth? (circle) Yes No

Have you ever had any teeth extracted? (circle) Yes No

If yes, what was the reason? (circle) Wisdom teeth Orthodontics Other (please explain) _____

Have you had dental implants placed? (circle) Yes No

If yes, when were the implants placed? _____

Do you wear removable appliances? (circle) Yes No Full Upper Denture Partial Upper Denture

Full Lower Denture Partial Lower Denture

Has anyone ever suggested implants as an alternative treatment for your denture or partial? Yes No