Aesthetic Edge, The Dental Practice Of Mankirat Gill DDS Professional Corporation

Today's Date_____

Dental Health History Form

Patient Name: First	MI Last	Nickname
What are your goals in coming to ou	r practice today?	
What is important to you in a dentist	or dental practice?	
What has been your experience with	the dentist in the past?	
Date of last radiographs (x-rays) and	exam	
Date of last hygiene continuing care of	appointment (cleaning or periodontal maintenanc	ce)
Former Dentist		Phone
Address: Street	City	State Zip
If you left your previous dentist, what	are the reasons?	
Have you had problems with prior de	ental treatment?	
Are you experiencing any pain now?		
, , , , , , ,		
Have you ever been pre-medicated for		
, ,		
Have you been anxious about having		
,	ring why?	
		on options?
-	with your oral health or smile? (check all that	-
	•	
 Jaw joint pain Clenching or grinding of teeth Discolored teeth Crowding/Crooked teeth Missing teeth Spaces in between teeth Loose tooth/teeth Tooth shape or size 	 Unhappy with appearance of teeth Overbite Underbite Uncomfortable bite Old fillings (gold or silver) Old crowns Speech problems Too much gum tissue when I smile 	 Tooth sensitivity to hot/cold or anything else Food gets caught in between teeth If yes, where? Difficulty chewing If yes, where? Bad breath Other
Have you ever had orthodontic treatr	nent? 🗆 Yes 🗆 No	
Have you ever had periodontal (gum	tissue) treatment, such as deep cleanings, roo	ot planing, or periodontal surgery? 🗆 Yes 🗆 No
Have you whitened your teeth in the		
	•	
-	sbout the following? (check all that apply)	
 Teeth Whitening Orthodontic treatment Veneers Copyright Aesthetic E 	 Tooth-colored fillings Dental implants How to prevent periodontal disease 	 □ At-home oral hygiene care □ Periodontal treatment during pregnancy □ Oral hygiene care for infants and toddlers