Dental History

Glendale Heights Family Dental
Dr Bhumika Patel
1177B Bloomingdale Rd
Glendale Heights, IL 60139
Phone: (630)866-6000
Fax: (630) 949-2187
GlendaleHeightsDental.com

Name ____ Date ________________
First Mi. Last

Reason for Today's Visit ____

Date of last exam ________________ Date of last dental X-rays ________________

Date of your last dental cleaning ________________ How often do you brush? ________________

What type of toothbrush do you use? ☐ regular ☐ electric

How often do you floss? ____

Do you use mouthwash or some other type of rinse? ☐ Yes ☐ No Describe ________________

Do you have any dental problems now? ☐ Yes ☐ No Describe ________________

____

Have you ever had an upsetting dental experience? ☐ Yes ☐ No Describe ________________

____

Have you ever had: ☐ Orthodontics ☐ Periodontal Surgery ☐ Oral Surgery

Please check any of the following conditions that apply to you:

☐ Bad Breath
☐ Bleeding Gums
☐ Clicking or Popping jaw
☐ Food Collection between Teeth
☐ Tired jaws in the morning
☐ Difficulty in opening or closing the mouth

☐ Grinding Teeth
☐ Loose Teeth or Broken Filling
☐ Periodontal Treatment
☐ Sores or Growths in Your Mouth
☐ Sore Facial Muscles

☐ Sensitivity to Hot
☐ Sensitivity to Cold
☐ Sensitivity When Biting
☐ Sensitivity to Sweets
☐ Wear a Night Guard
☐ Headaches or Neck Aches
☐ Snoring

Are you happy with the appearance of your teeth? ☐ Yes ☐ No If no, please describe

____

☐ Other: ____

____

Previous Dentist's Name ____