

Southern Ohio Smiles

Dental History

How may we help you today? _____

Your current dental health is: Good Fair Poor

Do you require antibiotics before dental treatment? Yes No

Are you currently in pain? Yes No

Have you ever had gum treatment? Yes No

Do you now or have you had any discomfort in your jaw joint? (TMJ) Yes No

Are you under stress? (new job,moving,relationships) Yes No

Do you like your smile? Yes No

Is there anything you would like to change about your smile? Yes No

Are you happy with the color of your teeth? Yes No

Do your gums bleed? Yes No

How many times a do you: floss/week?_____ brush/day?_____

Are your teeth sensitive to heat, cold or anything else? Yes No

Have you lost any teeth? Yes No

Have you ever had a serious problem with any previous dental work? Yes No

Have you ever had any unfavorable dental experiences? Yes No

When was your last dental cleaning?

When was your last dental visit?

Why did you leave your previous dentist?

How can we accommodate you better during your dental visit?_____

Here at Southern Ohio Smiles we offer a wide variety of services to enhance and keep your smile beautiful. Please circle any services below you would like our friendly staff to discuss with you during your visit.

Zoom Tooth Whitening Veneers Smile Makeover Bonding Sealants

Crown and Bridge Implant Crowns Partials/Dentures

Night/Sport Guards