

Dental History

Previous Dentist _____ City _____ How Long _____
When was your last visit to a dentist? _____ X-rays taken? _____
What did you have done at that visit? _____
What is the primary reason for your visit today? _____
How often do you brush? _____ Floss? _____ Visit the dentist? _____

Please circle if you have or had any of the following:

Head or Neck Injuries	Orthodontic Treatment
Sore or Sensitive Teeth	Periodontal Treatment
Bleeding Gums	Wisdom Teeth Extraction
Habit of Grinding or Clenching your teeth	Trouble with your jaw joint (TMJ)
Difficulty chewing	Adverse reaction to local anesthetics (Novocaine)
Anxiety because of dental treatment	Excessive bleeding or slow healing after a tooth extraction
Sores on lips or mouth that are slow to heal	Dissatisfaction with the appearance of your teeth

Is there anything else that would be valuable for us to know? _____

Has any dental treatment been recommended to you that has not been done? _____

How did you hear about Bassett Creek Dental?

Relative _____ Friend/Patient _____ Staff Member _____
(Name of relative) (Name of friend/Patient) (Name of staff member)

Professional Referral _____ Returning Patient _____ Covenant Village _____
New Resident Postcard _____ Yellow Pages (Big Book) _____ Yellow Pages (GV Little Book) _____

Internet _____ Television _____ Magazine _____
(search engine; i.e. Google, Yahoo, Yelp, Angie's List)

Newsletter _____ Newspaper _____ Other _____
(i.e. School/Theater, etc.)

Please feel free to ask any questions that you may have. Thank you.