

ARTISTIC & FAMILY DENTAL CENTER

3450 S. POPLAR ST, #301
DENVER, CO 80237
303.758.2980

Dental History

Patient Name _____

1. What brings you in today?

2. How did you hear about us?

3. Do you currently have dental pain?

(Y/N)

4. Do you experience gum pain or bleeding?

(Y/N)

5. How often do you brush your teeth (twice per day, once per day, once per few days, etc.)?

6. How often do you floss or use other aids (waterpik, etc.)?

7. Do you currently have TMJ pain?

(Y/N)

8. Do you clench or grind while awake or asleep?

(Y/N)

9. Are you interested in whitening?

(Y/N)

10. Are you interested in other cosmetics (veneers, fixing a gummy smile, etc.)? (Y/N)

11. Are you interested in clear aligners (ex. Invisalign)?

(Y/N)

12. If you are missing any teeth, are you interested in replacement?

(Y/N)

13. Are you interested in anything else not listed? _____