Ross Dental Group

Something To Smile About

Ross Dental Group
3825 Kraus Lane, Unit J
Fairfield, OH 45014
513-738-2606

Please tell us about your dental history.

Patient's Name _____ **Date of Birth** _____ **Today's Date** _____

When was your last dental visit? _____ What was done then? _____

If your last dental visit was more than one year ago, what has kept you away? _____

Have you had a panorex or complete series of dental x-rays taken? ☐ Yes ☐ No When/Where? _____

How often do you brush your teeth? _____ How often do you floss your teeth? _____

Do you use a manual or electric toothbrush? _____

	Yes	No
Do your gums bleed while brushing or flossing?	☐	☐
Are your teeth sensitive to hot or cold liquids/foods?	☐	☐
Are your teeth sensitive to sweet or sour liquids/foods?	☐	☐
Do you feel pain to any of your teeth?	☐	☐
Do you have any sores or lumps in or near your mouth?	☐	☐
Have you had any head, neck or jaw injuries?	☐	☐
Have you ever experienced any of the following problems in your jaw?		
clicking	☐	☐
Pain (joint, ear, side of face)	☐	☐
Difficulty in opening or closing	☐	☐
Difficulty in chewing	☐	☐
Do you have frequent headaches?	☐	☐
Do you clench or grind your teeth?	☐	☐

	Yes	No
Do you bite your lips or cheeks frequently?	☐	☐
Have you noticed any loosening of your teeth?	☐	☐
Does food tend to become caught between your teeth?	☐	☐
Have you ever had periodontal treatment (gums)?	☐	☐
Have you ever worn a mouth guard or any other appliance used for grinding your teeth?	☐	☐
Do you wear dentures or partials?	☐	☐
If yes, date of placement _____		
Have you ever received oral hygiene instructions regarding the care of your teeth and gums?	☐	☐
Do you ever have a bad taste in your mouth?	☐	☐
Do you have dry mouth?	☐	☐
Do you suffer from cold sores?	☐	☐
Have you ever whitened your teeth?	☐	☐
Do you snore?	☐	☐
Are you a mouth breather?	☐	☐

Is there anything that you would like to change about your teeth or smile? _____

_____

How would you feel about wearing dentures? _____

Are you a fearful dental patient? ☐ Yes ☐ No If so, tell us why so we can make you more comfortable. _____

_____

Personal Information

What do you enjoy doing in your free time? _____

Do you like to travel? ☐ Yes ☐ No If so, to where? _____

When you travel would you consider bringing us a magnet to add to our collection that we display at the office? ☐ Yes ☐ No

Tell us a little about yourself _____

We thank you for taking the time to answer these questions.
We look forward to meeting you and getting to know you better.