

# SMILE EVALUATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

## Welcome!

Please take a few minutes to answer the following questions. Thank you.

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

- Sensitivity (Hot or cold)
- Headaches
- Teeth or fillings breaking
- Grinding or clenching teeth
- Bleeding, swollen, or irritated gums
- Loose, tipped, or shifting teeth
- Bad Breath

Do you have or have you had any of the following?

- Dentures
- Partial Dentures
- Periodontal (gum) treatments If so, when? \_\_\_\_\_

Please share the approximate dates of:

Your last cleaning: \_\_\_\_\_

Your last oral cancer screening: \_\_\_\_\_

Your last complete x-rays: \_\_\_\_\_

Who was your previous dentist?

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_

What are the most important things to you about your smile and dental health? \_\_\_\_\_

Do you like your smile?  Yes  No

Do your gums ever bleed?  Yes  No

How many times a week do you use floss \_\_\_\_\_

How many times a day do you brush? \_\_\_\_\_

Type of toothbrush bristles  Hard  Medium  Soft

Do you smoke or use chewing tobacco?  Yes  No  
If yes, how much? And, for how long? \_\_\_\_\_

If you could change your smile, would you:

(Please check all that apply)

- Make your teeth whiter
- Make your teeth straighter
- Replace discolored fillings
- Close spaces between your teeth
- Repair broken, chipped, or worn teeth
- Replace missing teeth
- Replace old crowns
- Have a smile makeover

Please rate the following on a scale of 1 to 5 (5 being the highest):

How important is your dental health to you?

1      2      3      4      5

How would you rate your current dental health?

1      2      3      4      5

Where do you want your dental health care to be?

1      2      3      4      5

Why did you leave your previous dentist? \_\_\_\_\_

What is the most important thing to you about your dental visit today? \_\_\_\_\_

What are your long-term dental goals? \_\_\_\_\_

If there is anything you would change about your smile, what would it be? \_\_\_\_\_

Please indicate any other concerns not specified: \_\_\_\_\_