

Dental History
Mobile Dentistry of California

Patients Name: _____

What is the reason for your visit today? _____

Name of previous Dentist: _____ Phone #: _____

Date of your last visit? _____ Last x-rays? _____

How often do you brush? _____ Floss? _____

Do you have any dental problems now? _____ If yes, please describe:

Do you wear Dentures? If so how old are they and are you having any problems with them?

Are your teeth sensitive to: Hot or Cold? _____ Sweets? _____ Biting/Chewing? _____

Do your gums hurt or bleed? _____