FRICK & JONES, P.A.
practice limited to periodontics

DENTAL INFORMATION

Patient Name: _____ Today's Date: _____

Date of Birth: _____ General Dentist Name_____

Who referred you to our office? _____

Check all that apply to you.

- ❑ Dental pain or problems now. Explain _____
- ❑ Complaints following dental treatment. Explain_____
- ❑ Date of last dental cleaning (prophylaxis) _____
- ❑ Fear of the dentist
- ❑ Use a soft toothbrush?
- ❑ Grind or frequently clench your teeth
- ❑ Have an unpleasant taste in your mouth
- ❑ Have pain opening/closing your mouth
- ❑ Bite your fingernails
- ❑ Have gums that bleed when brushing or flossing
- ❑ Brush your teeth at least once a day. If more, how often? _____
- ❑ Floss at least once a day?
- ❑ Use other oral hygiene aids? What? _____
- ❑ Teeth are sensitive to hot, cold or sweets?
- ❑ Had problems with dental anesthesia (Novocain)
- ❑ Had prolonged bleeding after tooth extraction
- ❑ Noticed shifting of your teeth?
- ❑ Worn braces? When? _____
- ❑ Had full mouth series of xrays. When? _____
- ❑ Been told you have periodontal disease (Pyorrhea)?
- ❑ Had Periodontal Surgery? When? _____
- ❑ Loss of your teeth would be of great concern to you.