Schultz Family Dental
OF PARK RIDGE

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DENTAL HEALTH HISTORY

Today's Date_____

Reason for Today's Visit:

_____

Last Dental Visit_____

Date of Last dental X-rays_____

Former Dentist_____

Have you had Problems with the Following:

_____ Bad breath
_____ Bleeding Gums
_____ Clicking of popping jaw
_____ Food collection between teeth
_____ Sensitivity to Hot
_____ Sensitivity when biting
_____ Grinding Teeth
_____ Loose or broken Teeth
_____ Periodontal Treatment
_____ Sensitivity to Cold
_____ Sensitivity to Sweets
_____ Sores or growths in your mouth

How often do you floss?_____

How often do you brush?_____