



Rexdale Dental

200 Queen's Plate Drive, Unit C3
Etobicoke, Ontario, M9W 6Y9
416-744-7699

DENTAL HISTORY: Please Circle

Do you have any specific dental problems or areas of concern? _____	Yes	No
Do you have dental examinations and preventive maintenance on a routine basis? Last visit _____	Yes	No
Do you think you have active decay or gum disease? _____	Yes	No
Do you brush and floss on a regular basis? Discuss _____	Yes	No
Have you been given good home care instructions? _____	Yes	No
Are your teeth sensitive to: Hot, Cold, Sweets, Pressure _____	Yes	No
Do you have any untreated dental problems that you are aware of? Discuss _____	Yes	No

Have You Ever Had?

Orthodontic treatment Oral surgery Periodontal treatment Your bite adjusted Worn and bite plate/ night guard
Other: _____

Have You Noticed?

Loosening of your teeth Food catching between teeth Pain/Swelling of gums Sores or growths in your mouth
Bleeding gums when brushing and flossing Bad Breath -What have you done to treat it? _____
Do you smoke or chew tobacco? Other: _____

Have you heard of Periodontal Disease? (Gum Disease) _____	Yes	No
Do you want to keep your remaining teeth? How long? _____	Yes	No

Have You Experienced?

Clicking of the jaw Pain (joint, ears, side of face) Difficulty in opening/closing your mouth
Difficulty in chewing, favor one side Other: _____

Are you pleased with the quality of your smile? _____	Yes	No
What do you like about your smile? _____		

If you could change one thing about your smile, what would it be? (check all that apply)

Whiten teeth	Straight Teeth	Lengthen Teeth	Shorten Teeth
Replace Missing Teeth	Fix Spaces Between Teeth	Replace Old Silver Fillings	Make Smile Less
“Gummy”	Everything! Need a Smile Makeover		
Other (Please Explain) _____			