

O'Rourke Family and Cosmetic Dentistry
Adult Dental History

Name: _____ Date: _____

Please answer the following questions so that we have a better understanding of your dental concerns and expectations. Thank you again for choosing us as your dental home.

1. The following best describes my attitude toward my dental health:
 - I want to be completely informed of my oral health condition and want the best treatment possible to keep my teeth for a lifetime.
 - I want to be informed of my condition and want options to improve it for a time.
 - At this time I'm only interested in my immediate problem.

2. If you need dental treatment, your wishes would best be described as:
 - Wanting the best restoration possible that will last the longest.
 - Wanting the least expensive restoration that will get me by for now.

3. Have you had poor dental experiences? Yes No If yes, please describe

4. Does dental treatment make you nervous? Not at all A Little A lot
 Yes, I need laughing gas for treatment.

5. Why did you leave your previous dentist? _____

6. When did you have your last dental cleaning/xrays taken? _____

7. *If applicable*, are you concerned with the mercury metal fillings in your mouth? Yes No

8. If there was anything you could change about your smile or current dental condition what would it be? _____

9. Are you in any dental pain right now? Yes No _____

10. Do you have any present concerns or expectations I should know about?

11. Have you maintained professional dental care at least every 6 months? Yes No If not, what is the main reason you've delayed it? _____