



DATE: _____

Name:		Employer:	
Whom may we thank for this referral:			

Are you having any specific problems? Problem began when?	
Do you have any teeth that are sensitive to hot or cold? Sweet? Hurt when you chew? Ache without any apparent reason?	
How long since your last thorough dental examination?	
Were you screened for Periodontal disease or oral cancer?	
Is there anything concerning your general health or past dental treatment that you would like to tell us about?	
Do your gums ever hurt or bleed when brushing?	
Do you have any areas where food always gets caught between your teeth?	
Are you troubled with bad tastes in your mouth or bad breath?	
Do you use dental floss regularly to clean between your teeth?	
Have you lost any other teeth than your wisdom teeth? Were they replaced? Has it ever been suggested to you? What type of replacement?	
Is there anything you would change about the appearance of your teeth or smile?	