



APPLE DENTAL HEALTH SERVICES, P.C.

113-16 76th Rd. Forest Hills, NY 11376
Toll Free 1-888-83-APPLE (27753)

Dental History

Patient's Number

Date

Patient's Name

First Name Last Name Initial Date of Birth

1. What is the purpose of this visit?

- Cleaning
- Regular Checkup
- Tooth Pain
- Dental Injury/Emergency
- Other

2. When was your last dental visit? (MM/YY)

3. What was done during that visit?

- Cleaning
- Checkup
- Extraction/Tooth Replacement
- Root canal treatment
- Other

4. When was your Cleaning? Months Ago

5. How often do you visit the dentist? Once every Months Ago

Have you ever have:

YES NO

- Periodontal treatment (gum disease)?
- Endodontic treatment (root canal)?
- Orthodontic treatment (braces)?
- Jaw surgery?
- Dental implants?
- Teeth lost or removed? If yes, why?

- Looseness
- Infection/Nerve Damage
- Wisdom Teeth
- Other:

Do you have:

YES NO

- Lumps or sores in your mouth
- Pain around ear or neck
- Frequent Headaches
- Frequent blisters on lips or mouth
- Clenching or grinding teeth
- Difficulty swallowing
- Breathing through your mouth
- Jaw clicking or popping
- Gum bleeding and pain
- Loose, tipped, shifted or chipped teeth
- Have tooth sensitivity to the following:

- Heat Cold
- Sweet Pressure

... continuation

YES NO

- Do you feel unhappy about the appearance of your teeth? If yes, why are you unhappy about?
 - Not white enough
 - Not strong enough
 - Other
- Do you feel your breath is offensive at times?
- Do you smoke?
 - If yes packs per day
- Do you drink alcohol?
- Do you use IV drugs?
- Do you drink soda, coffee with sugar or any other product with sugar content?
 - If yes, cups / cans per day

DO YOU USE ANY OF THE FOLLOWING?

- Dental floss If yes times per day
- Fluoridated water week
- Fluoride toothpaste month
- Fluoride rinse or gel
- Mouth-rinses
- Tartar-control toothpaste

Is there anything else you would like to tell us about your oral health?

How did you hear about us?

- Verizon Yellow Pages Queens Chronicle
- Ambassador Yellow Radio AM
- Pages Insurance
- New York Post Walk By
- New York Daily News Other
- Senior News Friend
- Queens Ledger If Friend, Who?

I certify that the above information is complete and accurate to the best of my knowledge I understand that it is my responsibility to inform this office of any change in my oral health status.

Patient / Guardian Signature _____

Date: _____

Dentist Signature _____

Date: _____