Emerald Dental - Littleton
2731 West Belleview Avenue, Littleton, CO 80123
(303) 630-0991
drstephaniepaswaters.com/contact-us/

DENTAL HISTORY
| DOB:

General Information

Previous Dentist Name and Phone Number:	
Reason for leaving your previous Dentist?	
Date of most recent dental exam and dental x-rays:	
When was your last dental cleaning?	
How would you rate the condition of your mouth?	
What is the reason for your dental visit today?	
Is there anything about the appearance of your smile that you would like to change?	

Personal History

Please check all that apply:	
Gums bleed when you brush or floss	
Bad mouth odor	
Have broken fillings	
Teeth sensitive to cold, hot, sweets or pressure	
Periodontal(gum) treatment	
Had any problems associated with previous dental treatment	
Currently experiencing dental pain or discomfort	
Have any clicking, popping, or discomfort in the jaw	
Have/had sores or ulcers in your mouth	
Have/had a serious injury to your head or mouth	
Food gets trapped in spaces	
Have/had loose teeth	
Missing teeth	
Experience Dry Mouth	
Orthodontic treatment(braces)	
Drink bottled or filtered water	
Have/had earaches, or neck pain	
Brux or grind your teeth	
Wear dentures or partials	
If any of the checked boxes need further explanation, please describe:	

Sleep Apnea:

Please check all that apply:	
If any of the checked boxes need further explanation, please describe:	

Patient's signature: Date:

General Dentist's signature: Date: