



2520 Perry Avenue, Suite A  
Bremerton, WA 98310  
*info@amandagmayes.com*  
*www.amandagmayes.com*  
Phone (360)479-2240  
Fax (360)792-5952

## Dental Health and Smile Evaluation

When was your last dental visit? \_\_\_\_\_

How often did you see the dentist? \_\_\_\_\_

Are you having any dental problems that require immediate attention? \_\_\_\_\_

How often do you brush your teeth? \_\_\_\_\_ Floss? \_\_\_\_\_ Medicated rinse? \_\_\_\_\_

Have you had periodontal gum treatment? \_\_\_\_\_ When? \_\_\_\_\_

Have you had orthodontic treatment (braces)? \_\_\_\_\_ When? \_\_\_\_\_

### Have you experienced the following dental conditions?

Sensitivity to Hot	Y	N	Jaws Clicking or Popping	Y	N
Sensitivity to Cold	Y	N	Frequent Headaches	Y	N
Sensitivity to Sweets	Y	N	Frequent earaches	Y	N
Sensitivity to Chewing	Y	N	Neck/Shoulder Pain	Y	N
Bleeding while Brushing	Y	N	Noticeable wear on teeth	Y	N
Tender or Swollen Gums	Y	N	Loose or Broken Fillings	Y	N
Teeth Clenching or Grinding	Y	N	Areas that Trap Food	Y	N
Tired or Achy Jaws	Y	N	Missing or Removed Teeth	Y	N

Do you like the overall appearance of your teeth and smile? \_\_\_\_\_ If no, please describe \_\_\_\_\_

\_\_\_\_\_

Do you like the color and shape of your teeth? \_\_\_\_\_ If no, please describe \_\_\_\_\_

\_\_\_\_\_

Have you ever had an unpleasant dental experience? \_\_\_\_\_ Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please elaborate on any way we can meet your needs and expectations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything about yourself you would like to share with us (hobbies, interests, special considerations)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_