

Cleona Dental LLC
221 W Penn Ave Cleona, PA 17042
717-272-8500

Previous Dental History:

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| 1. Do your gums bleed while brushing or flossing? | Yes | No |
| 2. Have you had your teeth cleaned in a dental office before? | Yes | No |
| 3. Are your teeth sensitive to hot or cold liquids/foods? | Yes | No |
| 4. Do you feel pain in any of your teeth? | Yes | No |
| 5. Do you have any sores or lumps in or near your mouth? | Yes | No |
| 6. Have you had periodontal therapy? | Yes | No |
| 7. Have you ever received oral hygiene instructions? | Yes | No |
| 8. Have you had any head, neck, or jaw injuries? | Yes | No |
| 9. Do you bite your lips or cheeks frequently? | Yes | No |
| 10. Have you ever had any difficult extractions in the past? | Yes | No |
| 11. Have you had any orthodontic treatment? | Yes | No |
| 12. Have you ever had any prolonged bleeding following an extraction? | Yes | No |
| 13. Do you wear dentures or partials? | Yes | No |
| 14. Do you clench or grind your teeth? | Yes | No |
| 15. Have you ever experienced any of the following problems in your jaw? | | |
| a. Clicking, popping | Yes | No |
| b. Pain (joint, ear, side of face) | Yes | No |
| c. Difficulty in opening or closing | Yes | No |
| d. Difficulty in chewing | Yes | No |
| 16. Do you dislike the color of your teeth? | Yes | No |
| 17. Do you have spaces between your teeth that bother you? | Yes | No |
| 18. Do you have dark fillings that show when you smile? | Yes | No |
| 19. Do you feel your teeth are too long or too short? | Yes | No |
| 20. Are your teeth too crowded or crooked? | Yes | No |
| 21. Do you have existing dental work that you consider "ugly"? | Yes | No |
| 22. Are you self-conscious about your smile? | Yes | No |
| 23. Would you like to improve your existing smile? | Yes | No |
| 24. Have you every suspected or have been diagnosed with sleep apnea? | Yes | No |
| 25. Do you have any fears starting treatment? | Yes | No |

