

Ravi Doctor DDS



Personal Dental History

Name _____

Date _____

Purpose of today's visit: _____

Why have you decided to address this at this time?

Have you consulted with any other dentist about this? Yes No
If yes, what was discussed or what treatment has been done?

When was your last dental cleaning and check up exam? _____

Who was your previous dentist? _____

Do you now have or have you ever had any of the following:

- | | | | |
|-----------------------------|--|---|--|
| Gingivitis..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Periodontal Disease..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grind your teeth..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Clicking or popping jaw..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Jaw pain or tiredness.... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pain around the ear..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lip or cheek biting..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Loose or broken teeth or fillings | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bad breath | <input type="checkbox"/> Yes <input type="checkbox"/> No | Food collection between teeth | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sores, blisters, or growths | <input type="checkbox"/> Yes <input type="checkbox"/> No | Seisitivity to: Cold | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Heat | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Sweets | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Biting or Chewing | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Would you like to know options available to you about:

How to create a more attractive smile..... Yes No

Keeping you teeth for your lifetime

Looking younger

What would you like to see done now?

Southlake Office: 261 East Southlake Blvd., #100 Southlake, TX 76092 817-328-2400

Arlington Office: 1810-A South Bowen Rd. Arlington, TX 76013 817-274-8667