

Teeth or jaw soreness? \_\_\_\_\_

Pain in any of your teeth? \_\_\_\_\_

Frequent headaches or migraines? \_\_\_\_\_

Do you wear a nightguard? \_\_\_\_\_

How often do you brush your teeth? \_\_\_\_\_

How often do you floss your teeth? \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Do you have any anxiety upon having dental work done? \_\_\_\_\_

Have you ever had a bad dental experience? \_\_\_\_\_

Have you ever had a bad reaction to a dental anesthetic? \_\_\_\_\_

Have you ever had any serious illness? \_\_\_\_\_

**In case of Emergency, Contact:** \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Welcome to our practice**