PALIT WANSTEN DENTISTRY

Dental History

Dr. Sonya Palit & Dr. Joshua Wansten
711 N McKinley Rd, Suite 3
Lake Forest, IL 60045-1850
www.PalitandWanstenDentistry.com
Office@PalitandWanstenDentistry.com
(847) 295-7050 phone (872) 228-8040 fax

Name _____
First Mi. Last

Reason for Today's Visit _____

Date of last dental exam _____/_____/_____ Date of last dental X-rays ____/_____/_____

How often do you brush? _____

What type of toothbrush do you use? □ regular □ electric

How often do you floss? _____

Do you use mouthwash or some other type of rinse? □ Yes □ No Describe _____

Do you have any dental problems now? □ Yes □ No Describe _____

_____

Have you ever had an upsetting dental experience? □ Yes □ No Describe _____

_____

Have you ever had: □ Orthodontics □ Periodontal Surgery □ Oral Surgery

Please check any of the following conditions that apply to you:

□ Bad Breath
□ Bleeding Gums
□ Clicking or Popping jaw
□ Food Collection between Teeth
□ Tired jaws in the morning
□ Difficulty in opening or closing the mouth
□ Grinding Teeth
□ Loose Teeth or Broken Filling
□ Periodontal Treatment
□ Sores or Growths in Your Mouth
□ Sore Facial Muscles
□ Sensitivity to Hot
□ Sensitivity to Cold
□ Sensitivity When Biting
□ Sensitivity to Sweets
□ Wear a Night Guard
□ Headaches or Neck Aches

□ If you could wave a magic wand and change one thing about your smile it would be:

_____

_____

_____

Previous Dentist's Name _____

Office Address _____

City _____ State _____ Zip _____

Telephone (_____) _____