Dr. Kathy Cosmetic Dentistry ❖ **6325 Topanga Canyon Blvd Ste 504** ❖ **Woodland Hills, CA 91367** ❖ **818-347-1550**

DENTAL HISTORY

Reason for today's visit? _____

Date of last dental visit? _____ Name of your previous dentist: _____

Do your gums bleed when you brush?	☐ Yes ☐ No
How often do you floss? _____	
Are you happy with your smile?	☐ Yes ☐ No
Have you ever had a smile design consultation?	☐ Yes ☐ No
Have you ever had an oral cancer screening?	☐ Yes ☐ No
Have you or a family member ever been treated for periodontal disease?	☐ Yes ☐ No
Have you ever had complications from an extraction?	☐ Yes ☐ No
Have you ever had a popping or clicking near your ear when you chew?	☐ Yes ☐ No
Are you prone to frequent headaches?	☐ Yes ☐ No
Do you grind or clench your teeth?	☐ Yes ☐ No
Do you have sores, blisters or swelling on your gums lips or cheeks?	☐ Yes ☐ No
Have you ever had orthodontic treatment?	☐ Yes ☐ No
Do you snore?	☐ Yes ☐ No
Do you have problems with bad breath?	☐ Yes ☐ No
Have you ever had an allergic reactions to a crown, metal filling or dental appliance?	☐ Yes ☐ No
Have you ever used an electric toothbrush?	☐ Yes ☐ No
Are your teeth sensitive to hot, cold or pressure?	☐ Yes ☐ No

On a scale from 1 to 10, with 10 being the highest, how important is your dental health to you? 1 2 3 4 5 6 7 8 9 10

If you could change something about your smile what would it be?

☐ Whiter	☐ Straighter	☐ Close space
☐ Repair chipped teeth	☐ Replace missing teeth	☐ Replace old crowns that don't match
☐ Replace old black mercury fillings	☐ Other: _____	

- **I certify that the information provided is accurate and will be relied upon for granting credit and providing dental services. I understand that I am financially responsible for all the charges not covered or paid by my insurance for whatever reason.**
- **By signing below, I authorize that you may verify and exchange information on me and any additional applicants, including requiring reports from credit reporting agency.**

_____ _____

Signature of Patient or Responsible Party, Parent/Guardian if Minor **Date**