TREY KALIHER, DDS
GENERAL DENTISTRY
COMFORT | INTEGRITY | EXCELLENCE

DENTAL HISTORY / PERSONAL INTEREST

WELCOME! SO THAT WE MAY PROVIDE YOU WITH THE BEST POSSIBLE CARE AND FORM A LONG LASTING RELATIONSHIP, PLEASE COMPLETE THIS DENTAL HISTORY/PERSONAL INTEREST FORM. ALL INFORMATION IS COMPLETELY CONFIDENTIAL.

Patient Name:_____Date:_____

- **What is the reason for your dental visit today?_____**
  _____
- **How did you hear about us; Check all that apply:**

  ___Google.com ___Kaliherdentistry.com ___ Mailer ___ Insurance
  ___Facebook ___Family member/Friend who?_____

- **Date of your last dental visit_____Last Dental Cleaning_____**
  Last Full Mouth X-Rays_____
- **Previous Dentist Name_____**
- **Address:_____**
  State:_____Zip:_____
- **Telephone :_____**
- **I am changing Dentist's because:_____**
  _____
- **How often do you have dental examinations?_____**
- **How often do you brush?_____How often do you floss?_____**
- **Have you ever used or are currently using topical fluoride?** Yes No
- **What other dental aids do you use?(Toothpick, Waterpik,Etc)_____**
- **Do you have any dental problems now?** Yes No
  If yes, please describe:_____
- **Where are you originally from? _____**
- **What is your occupation/job?_____**
- **What's more fun than a dental visit?_____**
  _____

Are you interested in exploring (Check all that apply)

___Link between Periodontal Disease and Heart Disease
___Teeth whitening-Deep bleaching (KOR)
___Oral B Professional electric toothbrush
___ Sedation dentistry (pill form) options
___Smile makeover-Smile analysis and design

DENTAL HISTORY / PERSONAL INTEREST

Are any of your teeth sensitive to:

Sweets Yes No
Hot or cold Yes No
Biting or chewing Yes No

Do you frequently get cold sores, blisters, or any other lesions? Yes No

Have your parents experienced gum disease or tooth loss? Yes No

Does food tend to become caught In between your teeth? Yes No
If yes, where?_____
_____

Do You:

Clench or grind your teeth while awake or asleep? Yes No
Bite your lips or cheeks regularly? Yes No
Hold foreign objects with your teeth? (pencils, pipe, pins, nails fingernails) Yes No
Mouth breathe while awake or asleep? Yes No
Have tired jaws, especially in the morning? Yes No
Snore or have any other sleeping disorders? Yes No

Smoke/chew tobacco or use any other tobacco products? Yes No

Dream of teeth falling out? Yes No

Have you ever had:

Orthodontic treatment? Yes No
Oral Surgery? Yes No
Periodontal treatment? Yes No

Your teeth ground on or the bite adjusted? Yes No
A bite plate or mouth guard? Yes No
A serious injury to the mouth or head? Yes No
If yes, please describe, including cause:_____
_____.

Have you experienced:

Clicking or popping of jaw? Yes No
Pain in jaw joint or ear side of the face? Yes No
Difficulty in chewing on either side of the mouth? Yes No
Difficulty in opening or closing mouth? Yes No
Headaches, neck aches or shoulder aches? Yes No
Sore muscles? Yes No

Are you satisfied with your teeth and their appearance? Yes No
Would you like to keep all of your teeth all of your life? Yes No
Do you feel nervous about having dental treatment? Yes No

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DENTAL HISTORY / PERSONAL INTEREST

If yes, what is your biggest reason for avoiding care in the past?

___Time commitment

___No perceived need

___Financial commitment

___ Trust Factor

___Other: please explain_____

Have you ever had an upsetting dental experience? Yes No

If yes, please explain:_____

What would you change about your smile?

If yes, please describe:_____
_____

Don't Wait Until It Hurts

Periodontal disease is painless. It affects 87% of the population, most of which are unaware of the problem. There are warning signs and we want you to be aware of them.

1. Do your gums bleed when you brush your teeth, floss or use a toothpick? Yes No
2. Are your gums red, swollen or tender? Yes No
3. Do you see pus between your teeth and gums when the gums are pressed? Yes No
4. Are your permanent teeth loose or separating? Yes No
5. Is there any change in the way your teeth fit together when you bite? Yes No
6. Do you have chronic bad breath? Yes No

IF THE ANSWER TO ANY OF THESE QUESTIONS IS "YES",
YOU OWE IT TO YOURSELF TO TELL YOUR DENTIST OR HYGIENIST.
DON'T WAIT UNTIL IT'S TOO LATE.