

KELLY  
CLARKE

FAMILY & ADVANCED AESTHETIC DENTISTRY

~WELCOME TO OUR PRACTICE~

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

SS#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WHOM MAY WE THANK FOR REFERRING YOU? \_\_\_\_\_

- 
- Are your teeth sensitive to:  
Heat? \_\_\_\_\_  
Cold? \_\_\_\_\_  
Sweets? \_\_\_\_\_  
Biting Pressure? \_\_\_\_\_
  - Does food get caught or collect between your teeth?  
\_\_\_\_\_
  - Are you dissatisfied with your teeth in any way? For example: color, shape or spacing?  
\_\_\_\_\_
  - Do fillings show when you smile? \_\_\_\_\_
  - Have you ever had any teeth removed?  
\_\_\_\_\_
  - If so, how long have they been missing?  
\_\_\_\_\_
  - Do your gums bleed when brushing? \_\_\_\_\_
  - Do you ever avoid any part of the mouth while brushing?  
\_\_\_\_\_
  - Do you have an unpleasant taste or odor in your mouth?  
\_\_\_\_\_
  - Do you smoke or chew tobacco? \_\_\_\_\_
  - Do you frequently snack between meals on sweets or chew gum? \_\_\_\_\_
  - How often do you brush your teeth? \_\_\_\_\_
  - How often do you use floss?  
\_\_\_\_\_
  - Has fear or discomfort kept you from regular dental visits? \_\_\_\_\_
  - Why did you leave your last dentist?  
\_\_\_\_\_
  - What prompted you to seek dental care at this time?  
\_\_\_\_\_
  - When was your last *thorough* dental exam and *full mouth* set of Xrays? \_\_\_\_\_