



**FOREST LAKE**  
**SMILES**

**Patient Dental History**

Patient Name: \_\_\_\_\_

Parent/Guardian Name (if minor): \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Previous Dentist: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Date of Last Dental Exam: \_\_\_\_\_

Emergency contact Information

Date of Last Dental Cleaning: \_\_\_\_\_

Name: \_\_\_\_\_

Cleaning Frequency: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Have you ever been told you have gum or periodontal disease      YES      NO

If yes, have you had treatment? YES      NO      If yes, when: \_\_\_\_\_

Do you have a family history of any of the following conditions?:

Diabetes, including gestational      YES      NO

Periodontal Disease      YES      NO

Have you had or are you currently experiencing any of the following?

Sensitive teeth?      YES      NO

Pain in your mouth?      YES      NO

Sores or lumps in or near your mouth?      YES      NO

Clicking, popping, or other difficulty with your jaw?      YES      NO

Head, neck, or jaw injuries?      YES      NO

Difficult extractions in the past?      YES      NO

Orthodontic treatment?      YES      NO

Have a denture or a partial denture?      YES      NO

Have you ever had a bad experience at the Dental Office? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our office? Internet/Website      Insurance Company      Drive By      Family/Friend:  
\_\_\_\_\_      New Resident Packet      Other: \_\_\_\_\_