

# Welcome to Premier Dental

CHART # \_\_\_\_\_

## How did you hear about our office?

\*\*\* Please mark all that apply\*\*\*

- |                                  |                                |
|----------------------------------|--------------------------------|
| ____ Friend or patient referral  | Name of referring person _____ |
| ____ Mailer/ Advertisement       | ____ Sprint Yellow Pages       |
| ____ Physical Location           | ____ Yellow Book Yellow Pages  |
| ____ Specialist or other Dentist | Dentist name _____             |
| ____ Insurance company referral  | Insurance company name _____   |
| ____ Discount Plan               |                                |

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Are you happy with the appearance of your teeth? \_\_\_\_ Yes \_\_\_\_ No

### Please check the boxes of all that apply:

- Do you have a toothache?
- Do you grind your teeth?
- Do your gums bleed?
- Do your jaw joints pop or click?
- Do you have pain in jaw joints?
- Do you have ringing or fullness in your ears?
- Headaches, if yes how often \_\_\_\_\_
- Loose teeth
- Broken or chipped teeth or fillings
- Bad breath
- Teeth sensitive to hot
- Teeth sensitive to cold
- Teeth sensitive to sweets
- Teeth sensitive to biting
- Teeth that trap food between them
- Have you ever been treated by an Orthodontist
- Have you ever been treated by a Periodontist

Why did you leave your last dentist? \_\_\_\_\_

\_\_\_\_\_  
Please list your sports activities and hobbies \_\_\_\_\_

Patient or parent's signature \_\_\_\_\_ Date \_\_\_\_\_