

Melbourne Dental Clinic

2100 Finch Ave W, Suite 204, North York, ON M3N 2Z9
Tel 416.736.9800 jmelbournedental.com

DENTAL HISTORY

Please complete before your appointment

YOUR DETAILS

Full name

Date of birth

Email

Phone

YOUR CURRENT DENTAL HEALTH

Do you have any specific dental problems or areas of concern?

Previous dentist

Date of last visit

Do you have check-ups and cleanings on a routine basis?

☐ Yes ☐ No

Do you think you have active decay or gum disease?

☐ Yes ☐ No

Do you brush and floss regularly?

☐ Yes ☐ No

Have you been given good home care instructions?

☐ Yes ☐ No

Are your teeth sensitive to any of the following?

☐ Hot

☐ Cold

☐ Sweets

☐ Pressure

Do you have any untreated dental problems you are aware of? Please describe.

YOUR DENTAL HISTORY

Have you ever had any of the following?

☐ Orthodontic treatment

☐ Oral surgery

☐ Periodontal (gum) treatment

☐ Your bite adjusted

☐ Worn a bite plate or night guard

Have you noticed any of the following?

- | | |
|--|---|
| ☐ Loosening of your teeth | ☐ Food catching between teeth |
| ☐ Pain or swelling of the gums | ☐ Sores or growths in your mouth |
| ☐ Bleeding gums when brushing or flossing | ☐ Bad breath |

Have you heard of periodontal (gum) disease? ☐ Yes ☐ No

Have you experienced any of the following?

- | | |
|---|--|
| ☐ Clicking of the jaw | ☐ Pain in the joint, ears or side of the face |
| ☐ Difficulty opening or closing your mouth | ☐ Difficulty chewing, or favouring one side |

YOUR SMILE

Do you want to keep your remaining teeth? ☐ Yes ☐ No

Are you pleased with the appearance of your smile? ☐ Yes ☐ No

If you could change your smile, what would you do? (check all that apply)

- | | |
|--|---|
| ☐ Whiten teeth | ☐ Straighten teeth |
| ☐ Lengthen teeth | ☐ Shorten teeth |
| ☐ Replace missing teeth | ☐ Close gaps or spaces |
| ☐ Replace old fillings | ☐ Show less gum when smiling |
| ☐ Everything | ☐ Nothing |

Anything else you would like to discuss with Dr. Melbourne?

DECLARATION

I confirm the above is accurate to the best of my knowledge.

Signature

Date (dd/mm/yyyy)