



# Welcome to our Practice!

Will you please help us by providing us the following confidential information?

**Dr. Brett Farnham**

2110 N. Minnesota St. • Mitchell, SD • 605-996-9944

[www.dentaldesignsmitchell.com](http://www.dentaldesignsmitchell.com)

## DENTAL HEALTH HISTORY

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

Please check any of the following problems that apply to you.

- Sensitivity (hot, cold, sweet)
- Headaches, earaches, neck pain
- Teeth or fillings breaking
- Bleeding, swollen or irritated gums
- Bad breath or bad taste in your mouth
- Tooth pain or discomfort when chewing
- Jaw joint pain
- Grinding or clenching teeth
- Loose, tipped or shifting teeth

Do you have or have you had any of the following?

- Dentures
- Partial dentures
- Braces
- Periodontal (gum) treatments

Do you smoke or use chewing tobacco? \_\_\_\_\_ How much? \_\_\_\_\_ For how long? \_\_\_\_\_

If you could whiten your teeth for a cost anyone could afford, would you do it? \_\_\_\_\_

If you could change your smile, you would:

- Make them brighter
- Repair chipped teeth
- Have a smile makeover
- Make them straighter
- Replace missing teeth
- Replace black metal fillings with natural, tooth-colored fillings
- Close spaces
- Replace old crowns that don't match

On a scale of 1 – 10, with 10 the highest rating:

How important is your dental health to you? 1 2 3 4 5 6 7 8 9 10

Where would you rate your current dental health? 1 2 3 4 5 6 7 8 9 10

Where would you rate your smile currently? 1 2 3 4 5 6 7 8 9 10

Where would you want your smile to be? 1 2 3 4 5 6 7 8 9 10

What is the most important thing to you about your future smile and dental health?  
\_\_\_\_\_

Please share the following dates:

Your last cleaning \_\_\_ / \_\_\_ Your last oral cancer screening \_\_\_ / \_\_\_

Your last complete X-Rays \_\_\_ / \_\_\_

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

Name of Previous Dentist(optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What is the most important thing to you about your dental visit today?  
\_\_\_\_\_

Please check the following which are important to you when making your dental health decisions.

- Convenience
- Finances
- What insurance covers
- Appearance
- Time
- Health
- Relationship with Dental Team
- Quality of care
- Detailed treatment explanations
- Technology
- Comfort
- Fear or Anxiety