



**ROCKY MOUNTAIN DENTAL**

Family Dentistry  
Dental Implant Center  
2475 Wadsworth Blvd.  
Lakewood, CO 80214

**New Patient Dental History**

What is the reason for your visit today? \_\_\_\_\_

When was your last dental cleaning/check-up? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have any fear of dental visits? 1 2 3 4 5 6 7 8 9 10  
(No Anxiety) (Very Anxious)

How can we make you more comfortable? \_\_\_\_\_

Which of the following do you consider the most important aspect of dental health? (Circle)

- Function      Comfort      Cosmetics      Longevity

How do you consider your current dental health? (Circle One) Excellent Good Fair Poor

Are your teeth sensitive to (Circle): Hot Cold Not Sensitive

Circle any of the following that you have or previously have had:

- Bleeding Gums      Blisters on the lips or mouth      Dry Mouth      Grinding  
Food collecting between teeth      Swollen or Tender Gums      Jaw Pain  
Mouth Breathing      Orthodontic treatment      Periodontal (Gum) treatment

How many times a day do you brush? \_\_\_\_/day How often do you floss? \_\_\_\_/week

Do you use a power toothbrush? Yes No

**Smile Assessment**

How happy are you with your smile? 1 2 3 4 5 6 7 8 9 10  
(Not Happy) (Very Happy)

If you are not happy with your smile, what bothers you? (Circle all that apply)

- Crooked/crowded teeth      Gaps in teeth      Shape of teeth      Color of teeth  
Old crowns/fillings      "Gummy" smile      Other: \_\_\_\_\_