



Dr. Irfan Ahmad  
10743 Narcoossee Rd. Suite A-26  
Orlando, FL 32832  
(407)380-7734

## Dental History

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

Date of Last Dental Visit and what treatment you received: \_\_\_\_\_

What did you like the MOST about any dental office you have visited? \_\_\_\_\_

What did you like the LEAST about any dental office you have visited? \_\_\_\_\_

### **How did you hear about our office? (Please select one)**

Internet Website (if yes, please indicate which site) \_\_\_\_\_

Insurance \_\_\_\_\_ Yellow pages \_\_\_\_\_ Walk in \_\_\_\_\_ Other \_\_\_\_\_

If a patient referral, please tell us who to thank for referring you \_\_\_\_\_

### **Do you have (or have you ever had) any of the following?**

- |  |           |          |
|--|-----------|----------|
| • Orthodontic Treatment                          | Yes _____ | No _____ |
| • If yes, do you still wear your retainer        | Yes _____ | No _____ |
| • Difficulty opening or closing your jaw         | Yes _____ | No _____ |
| • Clicking or popping of your jaw                | Yes _____ | No _____ |
| • Night Guard                                    | Yes _____ | No _____ |
| • Bleeding when you brush your teeth             | Yes _____ | No _____ |
| • Red, swollen or tender gums                    | Yes _____ | No _____ |
| • Persistent bad breath                          | Yes _____ | No _____ |
| • Changes in your bite                           | Yes _____ | No _____ |
| • Any changes in the fit of your partial/denture | Yes _____ | No _____ |

What is your primary concern that brings you into our office today? \_\_\_\_\_

Have you ever been treated for gum disease? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please tell us when, by whom, what treatment was completed and why: \_\_\_\_\_

Does dental treatment make you nervous? Yes \_\_\_\_\_ No \_\_\_\_\_ Moderately \_\_\_\_\_ Extremely \_\_\_\_\_

Do you like your smile? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_

What would you like to change about your teeth? \_\_\_\_\_

Anything else we should know? \_\_\_\_\_