

DENTAL HEALTH CARE CENTER

1717 EAST 66TH STREET

Richfield, MN 55423

(612)861-7109

appointments@dentalhealthcarecenter.com

dentalhealthcarecenter.com



If you are a new patient to DHCC, when was your last dental office visit?

Have you ever been treated for periodontal disease

- Yes No

How often do you brush your teeth on a daily basis?

- Morning Noon Night

How often do you floss your teeth on a weekly basis?

- 1-3 times a week 4-6 times a week 7 days a week Rarely
 Never

What type of toothbrush do you use?

- Manual Electric Water irrigator

Are any of your teeth sensitive to:

- Hot Cold Chewing Sweets

Do you have any:

- Mouth ulcers Sores on your lips/mouth Fever blisters

Do your gums bleed after brushing?

- Yes No Sometimes

Are your gums often sore or tender?

- Yes No Sometimes

Does food catch between your teeth?

- Yes No Sometimes

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Do you ever experience dry mouth?

- Yes No Sometimes

Do you clench or grind your teeth?

- Yes No Sometimes

Do you notice popping, clicking, or soreness of the jaw joint?

- Yes No Sometimes

Do you smoke or chew tobacco of any form?

- Yes No

If yes, how often?

Do you frequently suck on candies/cough drops or consume sugary beverages over long periods of time?

- Yes No

Do you drink soda pop?

- Yes No

If yes, how many per day?

Do you drink:

- City water Well water
 Bottled water Filtered water that removes Fluoride

What would you like changed with the appearance of your teeth?

- Whiter Straighter Other

Please describe:

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Response Date: