

**Teresa Lemmon Dental Hygiene Care**  
**29 Wellington St. N. Woodstock, Ontario N4S 6P4**  
*Office 519-536-9999 / Cell 519-532-4823 / tlhealthymouth@gmail.com*

Dental History	Patient Name	Date
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Dentists name & location: \_\_\_\_\_ Date of last dental hygiene treatment: \_\_\_\_\_  
YES      NO

- Are you under the care of a dental specialist?
- Are you under the care of a periodontist?
- Do you have trouble breathing through your nose and or sinus problems?
- Do you breath through your mouth when you sleep?
- Do you favour one side of your mouth when chewing?
- Do your gums ever bleed?
- Have you ever been diagnosed with periodontal disease?
- Do you have bad breath?
- Tooth sensitivity? Circle which applies: hot/cold/touch/biting (pressure)?
- Do you have any sores or lumps in your mouth?
- Do you have difficulty swallowing or burning sensation?
- Do you clench or grind your teeth?
- Do you have loose teeth or any tooth aches?
- Do you like the appearance of your teeth/ smile?

What would you like to have done to improve your dental health/ smile? \_\_\_\_\_

- Have you had any of the following:      YES      NO
- Tooth extractions
  - Dental implants
  - Root canals
  - Gum/Jaw surgery
  - Orthodontics/ braces
  - Pain in head, neck, jaw or sinuses?
  - Prolonged bleeding after dental treatment

In order to be sensitive to your needs, Please tell us of any unpleasant experiences you may have had related to oral care?

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