

Cohen & Schwartz Dental D.M.D., P.A.

Village Green Shopping Center

100 Rt 46 West Suite 13

Budd Lake NJ 07828

(973)347-8110



Patient Name:
Last First MI Preferred Name

What is the reason for your visit today? _____

Are you happy with your smile? Y/N

Is there anything you would change? _____

1. Date of last cleaning: _____ 2. Date of last xrays taken: _____

What were your dental experiences in the past like?

Where you pleased with your last dentist:

Yes No

Why?

How Often Do You Brush Your Teeth? _____ How Often Do You Floss? _____

What Type Of Toothbrush Do You Use? _____

Are You Aware Of Any Of The Following:

- | | |
|--|---|
| <input type="checkbox"/> Bleeding Gums | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Bad Taste | <input type="checkbox"/> Clenching/Grinding |
| <input type="checkbox"/> Cold Sores | <input type="checkbox"/> Earaches/Neck Pain |
| <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Clicking, Popping Or Discomfort In The Jaw |

Are your teeth sensitive to:

Hot Cold Sweets Pressure Other

Do you have broken teeth? Y/N Any areas that food get trapped? Y/N

Do you have any loose teeth? Y/N

Have you ever had orthodontic (braces) treatment? Y/N

Have you had any periodontal (gum) treatments? Y/N