BRIANA CHAVEZ, DDS, INC.
GENERAL | FAMILY | RESTORATIVE | AESTHETIC
3080 BRISTOL ST. • SUITE 110 • COSTA MESA, CA 92626
P 714.439.9800 • F 714.439.9819 • E INFO@BCDENTALHEALTH.COM

INITIAL CLINICAL EXAMINATION

PLEASE COMPLETE THE FOLLOWING CONFIDENTIAL INFORMATION

TODAY'S DATE:	
PATIENT NAME:	WISHES TO BE CALLED:
PATIENT ACCOUNT NO.:	
INITIAL CONCERN:	
DATE OF LAST DENTAL VISIT:	
DATE OF LAST DENTAL CLEANING:	
DATE OF LAST DENTAL FULL MOUTH SERIES X-RAYS:	

1. Do you have any dental problems now? ..... Yes No
2. Are any of your teeth sensitive to: Hot or Cold? ..... Yes No
   Sweets? ..... Yes No
   Biting or Chewing? ..... Yes No
3. Have you ever had:
   Orthodontic Treatment (braces)? ..... Yes No
   Periodontal Treatment (gum surgery)? ..... Yes No
   A Night Guard or other appliances? ..... Yes No
   Oral Surgery? ..... Yes No
   Your teeth ground or bite adjusted? ..... Yes No
4. Have you noticed any loosening of your teeth? ..... Yes No
5. Does food tend to get caught between your teeth? ..... Yes No
6. Do you suffer from pain and/or swelling of the gums? ..... Yes No
7. Do your gums often bleed when you brush your teeth? ..... Yes No
8. Have your parents experienced gum disease? ..... Yes No
9. Have you experienced the following problem of the jaw?
   Clicking of the Jaw ..... Yes No
   Pain (joint, ear, side of face) ..... Yes No
   Difficulty opening or closing your jaw? ..... Yes No
   Difficulty chewing? ..... Yes No
10. Habits you have:
    Clench or grind your teeth while asleep or awake? ..... Yes No
    Bite your lips or cheeks regularly? ..... Yes No
    Hold foreign object(s) with your teeth, such as pens, pipes, pencils, nails? ..... Yes No
    Mouth breathe while awake or asleep? ..... Yes No
11. Do you feel nervous about dental treatment? ..... Yes No
12. Have you ever had an upsetting experience in the dental office? ..... Yes No
13. Do you expect to eventually lose your teeth? ..... Yes No
14. Are you dissatisfied with the appearance of your teeth? ..... Yes No
15. Is there anything else about having dental treatment that bothers you? ..... Yes No

Explanation: _____

_____

_____