



Dr. Fred J. Hermanson D.D.S, PA
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Dental History

1. Are your teeth sensitive to:

Heat	Y	N
Cold	Y	N
Sweets	Y	N
Biting pressure	Y	N

2. Does food get stuck between your teeth? Y N

3. Do you get frustrated because you always
Have something to be treated or repaired when
You visit the dentist? Y N

4. Are you dissatisfied with your teeth in any way? Y N
Please explain_____

5. Are you dissatisfied with the way your teeth look? Y N
For example...color, shape, spaces, etc.

6. Do any of your fillings show when you smile?

7. If any of your mercury/amalgam fillings need
Replacement would you prefer to have a more
Natural tooth colored restoration instead? Y N

8. Have you ever had any teeth removed? Y N
How long ago?_____

9. Do your gums bleed when brushing? Y N

10. Do you ever avoid any part of your mouth while
Brushing or flossing? Y N

11. Have you been instructed regarding proper dental homecare? Y N

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| 12. Do you have an unpleasant taste or odor in your mouth? | Y | N |
| 13. Do you smoke or use tobacco products? | Y | N |
| 14. Do you frequently snack on sweets or chew gum between meals? | Y | N |
| 15. How often do you brush your teeth_____ Floss? | | |
| 16. Do you want to learn to control dental disease and retain your teeth? | Y | N |
| 17. Has the fear or discomfort kept you from regular dental visits? | Y | N |
| 18. Are you interested in sedation? | Y | N |
| 19. Have you ever had sedation dentistry? _____ When? _____ | | |
| 20. When was your last dentist visit _____ | | |
| 21. What was done? _____ | | |
| 22. When was your last thorough exam with full mouth x-rays and or
Diagnostic procedures? _____ | | |
| 23. Why did you leave your last dentist? _____ | | |
| 24. What prompted you to seek dental care at this time in this office?
_____ | | |