

# Let's Talk Teeth!

Patient's name: \_\_\_\_\_ Age: \_\_\_\_ Parent/guardian's name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please answer the following questions about your child:** (note: some questions may not apply based on the age and developmental stage of your child.)

## Dental History

1. Does your child currently have a dentist?  Yes  No Name of dentist/dental clinic: \_\_\_\_\_
2. When was the last time your child saw a dentist?  
 Less than 6 months ago  6-12 months ago  1-2 years ago  More than 2 years ago  Never
3. Has your child previously had dental work done? Check any that apply.  
 Fillings  Crowns  Extractions (pulled teeth)  Root canal  Braces  Other: \_\_\_\_\_
4. Has your child been told he or she needs dental work that hasn't been completed yet?  Yes  No
5. Has your child received fluoride varnish in the past 6 months? (at dentist, doctor's office, school)  Yes  No

## Habits at Home

6. How often do you brush your child's teeth? Times per day \_\_\_\_\_ Days per week \_\_\_\_\_
7. Do you floss your child's teeth?  Daily  Sometimes  Rarely or Never
8. Does your child tend to drink from a bottle or cup all day long?  Yes  No What does he/she drink? \_\_\_\_\_
9. How many snacks (besides meals) does your child eat during the day?  None  1  2  3 or more
10. How often does your child drink soda, juice, or sports drinks?  
 Every day  4-6 days/week  1-3 times/week  Less than once/week
11. Which of these sources of fluoride does your child receive? (check all that apply)  
 Fluoride Toothpaste  Tap water  Fluoride Mouth Rinse  Fluoride Supplements  None

## Current Issues

12. Does your child have pain in his/her teeth or mouth? \_\_\_\_\_
13. Do you have concerns about his/her teeth or mouth? \_\_\_\_\_
14. What would help us make a mouth exam and/or treatment as easy for child as possible? \_\_\_\_\_

**Please answer the following questions about YOU (the parent, guardian, or primary caretaker):**

14. Do YOU currently have a dentist?  Yes  No
15. Have YOU had any cavities or tooth decay in the last year?  Yes  No