

**Advanced Cosmetic & Aesthetic Family Dentistry**  
**Dr. Glen Magyera**  
3216 Business Park Drive • Stevens Point, WI • (715) 341-7171  
www.stevenspointdds.com

Patient Name: \_\_\_\_\_ Male:  Female:  Date: \_\_\_\_\_  
(first, middle initial, last)

Occupation: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

What is the purpose of your visit or your present complaint?

\_\_\_\_\_

Have you been having regular dental check-ups? Yes  No

Date of last exam \_\_\_\_/\_\_\_\_/\_\_\_\_ Were x-rays taken? Yes  No

How often do you brush? \_\_\_\_\_ What type of brush do you use? Soft  Hard   
Manual  Electric

Do you ever avoid any part of your mouth while brushing, eating, or drinking? Yes  No  If so, where? \_\_\_\_\_

Do you use dental floss? Yes  No  If so, how often? \_\_\_\_\_

Do you currently have or have you ever had...

Toothache  Pain in chewing  Canker Sores  Growth/Sore areas in mouth

Bleeding Gums  Pain in or near ear  Clenching or Grinding  None of the above

Are any of your teeth sensitive to: Hot  Cold  Sweets  Pressure  ?

Do you get food caught between any teeth? Yes, UR  UL  LR  LL  No

Do you have any unpleasant taste or odor in your mouth? Yes  No  \_\_\_\_\_

Do you have any jaw problems?

Clicking  Pain (joint, ear, side of face)

Difficulty opening/closing  Difficulty chewing

Have you ever had a reaction to dental anesthetic? Yes  No  \_\_\_\_\_

Are you dissatisfied with your teeth and their appearance? Yes  No  \_\_\_\_\_

Are you concerned about the finances required to return your teeth to excellent dental health? Yes  No  \_\_\_\_\_

Do you get frustrated because you always need more treatment done when you visit a dentist? Yes  No  \_\_\_\_\_

Have you ever had any teeth removed? Yes  No  \_\_\_\_\_

Do you feel that you will eventually wear dentures? Yes  No  \_\_\_\_\_

Do you have any dental fears? \_\_\_\_\_