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DENTAL HISTORY AND INTERVIEW

This worksheet is designed to help you identify priorities for your first meeting with us. Please feel free to use it in any way which is helpful.

What prompted you to pick up the phone and call us?

Whom can we say referred you to our office?

What do you hope to accomplish from your first visit with us?

Please tell us about your previous dental experiences. What are the things you've experienced before that you would like to find in our office?

Are there any experiences you would like to avoid or eliminate?

What are the main problems, issues or challenges you'd like us to help you with?

What are the secondary ones?

Do you have any concerns about gentleness or discomfort?

1.—When was your last dental appointment? _____

2.—What was it for? _____

3.—Have you had a set of full mouth xrays in the last 3 yrs.? _____

4.—Do you routinely visit the dentist? _____

5.—If so, at what intervals? 3 Mos. _____ 4 Mos. _____ 6 Mos. _____

6.—What do you notice when you floss? _____

7.—If you could change one thing about your smile, what would that be? _____

8.—Do you have any missing teeth? _____

9.—Any concern about food trapping, rough edges, worn down fillings, or bite problems? _____

10.—Any problems with snoring? _____

11.—Does snoring interrupt your sleep or others? _____

12.—Have you consulted a physician for sleep apnea? _____