

Wellenreiter Dentistry At Blakeney  
 8832 Blakeney Professional Drive Suite 201  
 Charlotte, NC 28277  
 (704) 341-5770

Patient ID: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Provider ID: \_\_\_\_\_

Please Indicate An Answer For Each Behavior / Habits Question

|                       |     |    |                  |
|-----------------------|-----|----|------------------|
| Grind Teeth:          | Yes | No |                  |
| Bite Cheek:           | Yes | No |                  |
| Tongue Thrust:        | Yes | No |                  |
| Mouth Breather:       | Yes | No |                  |
| Bulimia/Anorexia:     | Yes | No |                  |
| Cigar/Cigarette:      | Yes | No |                  |
| Pipe:                 | Yes | No |                  |
| Bite Nails:           | Yes | No |                  |
| Smokeless Tobacco:    | Yes | No |                  |
| Thumb/Finger:         | Yes | No |                  |
| Toothpick/Stimulator: | Yes | No |                  |
| Chewing Gum:          | Yes | No | Frequency: _____ |
| Candy:                | Yes | No | Frequency: _____ |
| Soft Drinks:          | Yes | No | Frequency: _____ |
| Other:                |     |    |                  |

Description: \_\_\_\_\_

Comments: \_\_\_\_\_

Please Indicate An Answer For Each General Question

How Often Do You Brush? \_\_\_\_\_  
 How Often Do You Floss? \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Emotional Motivators: \_\_\_\_\_  
 Emotional Concerns: \_\_\_\_\_

Toothpaste: \_\_\_\_\_  
 Mouthwash: \_\_\_\_\_  
 Oral Cancer:   Yes   No   High Risk  
 TMJ:           Yes   No

Please Circle Yes or No For Each History Question

*Are Your Teeth Sensitive To:*

|                   |         |      |       |
|-------------------|---------|------|-------|
| Hot or Cold:      | Present | Past | Never |
| Biting / Chewing: | Present | Past | Never |
| Sweets:           | Present | Past | Never |

*Have You Ever Had:*

|                                  |         |      |       |
|----------------------------------|---------|------|-------|
| Orthodontic Treatment:           | Present | Past | Never |
| A bite plate or guard            | Present | Past | Never |
| Periodontic Treatment:           | Present | Past | Never |
| Oral Surgery:                    | Present | Past | Never |
| Serious injury to mouth or head: | Present | Past | Never |

Comments: \_\_\_\_\_