## **DENTAL HISTORY**

		Patient:
yes	no	When your general dentist recommended that you see Dr. Lewis, did he or she mention any specific problem?  If yes, please describe the problem:
yes	no	Are you having a particular dental problem (such as pain or infection) right now? If yes, please describe the problem:
		How long have you been a patient of your current general dentist?
		When was the last time you had an appointment at your general dentist's office?
		What was done at that time?
		When was the last time your teeth were cleaned?
yes	no	Have you ever had gum treatment or gum surgery?  If yes, please provide the following information:  Type of treatment :
		Dentist or periodontist:  City and state: Year(s):
yes	no	Have you worn braces on your teeth or had other orthodontic treatment?