

# GETTING TO KNOW YOU

2

Barry H. Buchanan, DDS, FAGD  
7115 Greenville Ave., Suite 200  
Dallas, Texas 75231

Phone: 214-343-1818 Fax: 214-343-1114 Email: info@mydentistindallas.com

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

What name would you like us to call you? \_\_\_\_\_

**Please describe the reason for your consultation today:**

---

---

---

**How long has this been going on and what other events apply to today's visit?**

---

---

**Why have you decided to deal with this now?**

---

---

**Have you consulted with any other dentist about this?  Yes  No If yes, what was discussed or done?**

---

---

**When was your last dental check up? \_\_\_\_\_**

**Who is your regular or previous dentist? \_\_\_\_\_**

**Have you noticed or has any dentist or hygienist ever said that you:**

Have gum disease (gingivitis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lip or cheek biting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grind your teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Loose or broken teeth or fillings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clicking or popping jaw	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food collection between teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jaw Pain or tiredness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sores, blisters or growths	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pain around ear	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bad Breath	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Sensitivity to:  cold  heat  sweets  when biting or chewing**

**Would you like to know your options to:  Improve your smile  Look younger  Keep your teeth**

**What are your priorities and what would you like to see done now?**

---

---