

**Dr. Sonia Barbosa-Ruiz DMD, PC**  
**Bloomfield Avenue Dental Associates**  
**4130 Bloomfield Avenue**  
**Drexel Hill, PA 19026**  
**Tel: 610-284-4770**  
**Fax: 484-273-0553**

---

**Name:** \_\_\_\_\_

**Dental History**

Chief Complaint (reason for your visit today) \_\_\_\_\_

Previous History of the chief complaint? Yes No

When: \_\_\_\_\_

Treated by: \_\_\_\_\_

**Past or Present History of (circle all that apply):**

- |                                  |                                |                                |
|----------------------------------|--------------------------------|--------------------------------|
| Accidental injury to teeth/mouth | Dental fractures               | Loose teeth or broken fillings |
| Blisters on lips                 | Dry mouth                      | Mouth breathing                |
| Blisters in mouth                | Growths/ lesions in mouth      | Orthodontic treatment          |
| Blisters or burning of tongue    | Gums swollen, tender /bleeding | Nitrous Oxide                  |
| Chew on one side of mouth        | Head, neck, jaw pain           | Periodontal treatment          |
| Clench/ grind teeth              | Lip or cheek biting            | Sensitivity to hot/cold        |

How often do you visit the dentist? \_\_\_\_\_

How often do you floss? \_\_\_\_\_

How often do you brush your teeth? \_\_\_\_\_

Are you in pain at this time? \_\_\_\_\_

For how long have you been in pain? \_\_\_\_\_

Is your pain due to an accidental injury or accident? \_\_\_\_\_

Explain: \_\_\_\_\_

Is the damaged tooth a capped or previously restored tooth? \_\_\_\_\_