Sampaio Dental
1527 Southeast 16th Place, Cape Coral, FL 33990
(239) 772-5005
dentistcapecoral.com/

DENTAL HISTORY
| DOB:

General Information

How long has it been since your last dental visit?	
Do you have any immediate concerns you'd like us to address?	**NO**

Office Relationship

Is there anything you prefer during your visits to make you more comfortable during your time with us?	
On a scale from 1-5, 5 being most terrified, are you fearful of dental treatment?	

Personal History

Please indicate if any of the following apply to you:	
Discomfort, clicking, or popping of the jaw	
Red, swollen, or bleeding gums	
A removable appliance (denture, partial, etc)	
Lost/broken fillings	
Teeth grinding/clenching	
Broken/chipping tooth	
Stained teeth	
Bad breath	
Burning tongue/lips	
Food caught between teeth	
Swelling/lumps in the mouth	
Toothache	
Sensitivity to hot, cold, sweets or biting	

Patient's signature: Date:

Doctor's signature: Date: