



Preventative and Wellness Update

Date: _____

Patient Name: _____ Email: _____

Please “LIKE” our Dr. Patricia Pavlos, DDS Facebook page for dental education, discount credits, and updates.

Facebook? YES NO
 Twitter? YES NO Username _____
 Instagram? YES NO Username _____

Is there anything about your smile or teeth that you are unhappy with?

Does food get trapped or caught between any teeth or spaces?

YES NO If yes, where? _____

Are you aware of grinding your teeth?	YES	NO	If yes, how often _____
Do you wake up with headaches?	YES	NO	If yes, how often _____
Do your teeth look worn?	YES	NO	
Do you drink soda?	YES	NO	If yes, how often _____
Do you smoke? Chewing tobacco?	YES	NO	If yes, how often _____
Do you notice sore spots?	YES	NO	If yes, how often _____
Do you notice any strange growths?	YES	NO	
Do you use an electric toothbrush?	YES	NO	Type _____
Do you use a waterpik?	YES	NO	Type _____

Type toothpaste: _____

Type mouthwash: _____

Type floss: _____

List all vitamins/supplements that you take _____

If you could change one thing about your smile, what would it be? _____

Our office provides information on Stem Cell preservation of your child’s primary teeth, DNA swabs for future potential health risks. Please ask for more information.