



Dr. Richard Byrd & Associates

ORTHODONTICS & PEDIATRIC DENTISTRY

9221 Forest Hill Ave • Richmond • VA 23235

2929 Polo Parkway • Midlothian • VA 23113

### DENTAL AND SOCIAL HISTORY

What is the patient's or parent's primary concern for today's visit? \_\_\_\_\_

\_\_\_\_\_

When was patient's last dental visit? \_\_\_\_\_ What was done then? \_\_\_\_\_

How often did patient visit the dentist before then? \_\_\_\_\_

Current Dentist (Name and Location) \_\_\_\_\_

How often does patient brush teeth? \_\_\_\_\_ How often does patient floss? \_\_\_\_\_

Is drinking water of the patient fluoridated? \_\_\_\_\_

Has patient ever had an unpleasant dental experience (If yes, please explain)? \_\_\_\_\_

\_\_\_\_\_

Does patient or household member smoke or use tobacco products? \_\_\_\_\_

Does patient currently use or previously used any street/recreational substances (If yes, please explain)? \_\_\_\_\_

\_\_\_\_\_

Does patient use any prescription drugs other than as directed by their doctor (If yes, please explain)? \_\_\_\_\_

\_\_\_\_\_

*To the best of my knowledge, the questions on this Dental and Social History Form have been accurately. I understand that withholding information or providing incorrect information can be dangerous to the patient's health. It is my responsibility to inform Dr. Richard Byrd & Associates of any changes.*

\_\_\_\_\_  
Patient/Parent/Responsible Party Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date