## **Dental Hygiene Recall History Form**

Patient Name	
Date of Birth	
Date of Birth	
Date of Visit	
Last Dental Visit Date	
Oral Hygiene Routine	
Recent Changes in Dental Health	
Current Dental Concerns	
Current Medications	
Allered	
Allergies	
Do you smoke or use tobacco products?	
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Sensitivity to hot/cold/sweet?	
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Gum Bleeding?	
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Other Notes