

We Want to Take Care of Your Concerns and Needs First....

Patient Name _____

DOB _____

What are you present dental problems? _____

Do your gums bleed when you use...

- Manual toothbrush Electric toothbrush Floss Waterpik

Are your teeth sensitive to...

- Sweet Hot Cold Biting pressure

Would any of these be a concern for you?

- Fear Time Budget Poor dental health No trust

Does dental treatment make you nervous?

- No Slightly Moderately Very

These are all important values to us, but what is the most important to you regarding your dental care?

- Cosmetics Function Comfort Longevity

If I could change my smile I would make my teeth...

- Whiter Straighter Close Spaces Repair Chips

What are the most important qualities you want to see in a doctor?

- Nonjudgmental Punctual Educated Educate patient Honesty

Any other concerns/needs of mine are: _____

When was the last time you saw the dentist? _____