



## Tell Us About You!

We are so glad you have chosen our office to receive your dental care! We can assure you, you have come to the right place! We strive to offer each and every patient a caring, compassionate, comprehensive experience. Please answer the following questions to the best of your ability. If you have any questions, we would be glad to help you! We look forward to getting to know you!

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Favorite Hobbies or Interests: \_\_\_\_\_

What motivated you to make your dental appointment today? \_\_\_\_\_

What do you hope to accomplish with your dental visit today? \_\_\_\_\_

What are your expectations of our office for your dental treatment? \_\_\_\_\_

Is there anything else we should know before we proceed with your appointment? \_\_\_\_\_

The more familiar we are with your feelings, the better we feel we can serve your dental needs. While following our principles, we believe you know yourself best. In order to help you find the best treatment options to achieve your dental goals, we ask that you consider the following questions and V the number that fits best (1 being low, 10 being high):

How healthy would you like your mouth to be?

1     2     3     4     5     6     7     8     9     10

How satisfied are you with the appearance of your smile?

1     2     3     4     5     6     7     8     9     10

I have anxiety, fear or experience sensitivity during dental treatment.

1     2     3     4     5     6     7     8     9     10

I am committed to doing whatever I have to do to keep my teeth and gums healthy, functional and beautiful.

1     2     3     4     5     6     7     8     9     10

I consider my dental health and my smile a high priority.

1     2     3     4     5     6     7     8     9     10

I would generally prefer long lasting solutions, which may initially cost more.

1     2     3     4     5     6     7     8     9     10

I am interested in changing my smile cosmetically.

1     2     3     4     5     6     7     8     9     10

In an effort to provide each of our patient's with the best experience possible and make sure an amazing smile is attainable for all of our patients, we ask that you indicate any concerns or barriers you might feel impact your dental health or appearance. We will address any and all of your concerns!

anxiety/fear    money    time    does not seem urgent    pain    lack of trust in dentist    frustration

*Thank you so much for helping us get to know you!*