

Your Name: _____

Because of our emphasis on personalized dental care, our practice is unlike other dental offices. Your first visit to our office is extremely important in determining your present and future dental needs. The issues on this form will be discussed at your first visit.

- Are you having any areas of concern? _____
- How would you describe the present state of the health of your mouth? _____

- What do you already know about our office & what are your expectations? _____

- Should you need treatment, at what point should we address it?
 - Even when not hurting
 - When a tooth hurts or breaks
 - When something is worsening
- What quality of dentistry do you want us to recommend?
 - Just patch it up Average The best
- We have the ability to look at your mouth from 3 different perspectives. What combination of these words would you like us to use for you? (Choose 1,2, or 3)
 - General dentistry Cosmetic dentistry Functional dentistry
(Looks at Health & function of whole mouth)
- How do you feel about the appearance of your face & smile? _____

- What would it take for you to trust us to be your dentist? _____

- Tell us about your good dental experiences _____

- And the bad ones? _____
- Has fear ever been an issue for you in a dental office _____
- What caused you to leave your last dental office? _____

- Has time ever been a factor in getting your dental work done? _____
- Has the cost of dental treatment been a concern for you? _____
 What can we do to help you with this? _____

Is there any additional information you would like us to know?

