

Name: _____ Date: _____

Please answer the following questions:

Please describe the reason for your visit today? _____

How long has it been since you've seen a dentist? _____ How long has it been since your last cleaning? _____

How long since your last oral cancer screening? _____ How often are you brushing? _____
flossing? _____

Does it hurt with any of the following? Hot Cold Sweet Biting Spontaneous

Do you have or have you ever had any of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Bleeding/sore gums | <input type="checkbox"/> Clenching/grinding | <input type="checkbox"/> Shifting/change in bite |
| <input type="checkbox"/> Unpleasant taste/bad breath | <input type="checkbox"/> Clicking/popping jaw | <input type="checkbox"/> Dental implants |
| <input type="checkbox"/> Loose teeth | <input type="checkbox"/> Difficulty opening/closing jaw | <input type="checkbox"/> Denture/partial dentures |
| <input type="checkbox"/> Food impaction | <input type="checkbox"/> Ortho treatment (braces) | <input type="checkbox"/> Anxiety about going to the dentist |
| <input type="checkbox"/> Worn teeth on biting surface | <input type="checkbox"/> Biting cheeks/lips | <input type="checkbox"/> Treatment for periodontal/gum disease |
| <input type="checkbox"/> Frequent blisters (lips/mouth) | <input type="checkbox"/> Swelling/lumps in mouth | <input type="checkbox"/> Broken/chipped teeth |

On a scale of 1-10, 10 being the highest rating:

Your overall fear/anxiety when going to the dentist?

1 2 3 4 5 6 7 8 9 10

How important is your dental health to you?

1 2 3 4 5 6 7 8 9 10

Where would you rate your current dental health?

1 2 3 4 5 6 7 8 9 10

If you could change your smile, you would :

- Make them brighter
- Make them straighter
- Close spaces
- Replace black metal fillings with natural, tooth-colored fillings
- Repair chipped teeth
- Replace missing teeth
- Replace old crowns that don't match
- Have a smile makeover



What is the most important thing to you about your future smile and dental health?

What is the most important thing to you about your dental visit today?
