

Tell us about yourself

Name: _____

Date: _____

About you

1. Is there anything you would like to share that would allow us to serve you better? _____

2. What are your hobbies? _____
3. What do you do in your spare time? _____

4. Have you traveled anywhere in the last year? _____

Oral health

1. Is there anything in particular that you would like us to look at today?

2. Are you experiencing any sensitivity to: * cold *hot *pressure
3. Are there any foods you avoid because of your teeth?

4. On a scale of 1-10, how would you rate your overall dental health?

5. When was your last dental visit?

6. Have you had any problems with previous dental treatment?

7. How did you feel about the results you've achieved in the past?

8. Why did you leave your last dentist?

9. How often do you brush? _____ How often do you floss? _____
10. If there were anything that you could change about the appearance of your teeth what would it be? _____
11. Do you like the shape and color of your teeth? _____
