

Dental Questionnaire

Patients Name _____ Date _____

These questions can help us meet your needs and identify any concerns.

1. My mouth is:
 - very comfortable
 - moderately uncomfortable
 - uncomfortable
2. I am satisfied with the appearance of my mouth.
I am dissatisfied with the appearance of my mouth.
I am satisfied but interested in some cosmetics.
3. I have always done the best that was recommended for my dental health.
I have not done what dentists have recommended for my mouth in the past.
I rarely go and only do what is necessary to be free of pain and cosmetic embarrassment.
4. I think my present state of dental health is:
 - excellent
 - average
 - poor
5. Should I require some form of treatment, the following best describes my feelings about the types of dental restorations I would like in my mouth:
 - I want the best restoration possible that will last the longest.
 - I want all of the above and I only want tooth colored restorations, even though sometimes they may not be as durable and may require a greater investment.
 - I want the least expensive restoration that will get me by for now.
6. Please select the single most important factor that best describes your reason for seeking dental care. (Check only one.)
 - Desire to avoid pain.
 - Desire to look my best.
 - Desire to be healthy and feel good about myself.
 - Desire to intercept problems early and to avoid preventable expenses in the future.
 - Desire to avoid dentures.
 - Other _____
7. Please describe in order of importance your concerns about your mouth now, as well as questions that you have always wanted answered about your mouth.

8. What do you fear most about dental care? _____
9. Are you open to using all available methods to monitor plaque (a major cause of dental disease) levels in your mouth? _____
10. Is there anything that would prevent you from moving forward with treatment that was recommended? _____
11. Do you like the color of your teeth? Yes No
Comment _____
12. Do you like the shape of your teeth? Yes No
Comment _____
13. What would you like to change about the appearance of your teeth or smile? _____
14. Do you have or have you ever had any of the following?

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If so, when _____