



Help Us Get To Know You Better!

Name: _____ Today's Date: _____

email: _____

YOUR Dental History:

How Long Has It Been Since You've Been To The Dentist? _____

How Long Has It Been Since You've Had A Cleaning? _____

Would You Like Straighter Teeth?	YES	NO
Would You Like Whiter Teeth?	YES	NO
Do You Ever Worry About BAD BREATH?	YES	NO
Do You Want A Healthy Mouth or Are You Just Worried About A Specific Problem?	H	S
Are You Aware Of The Dangerous Link Between Gum Disease and Overall Health?	YES	NO
Are You Most Concerned About Preventing Cavities or Just Fixing Them When You Have Them?	Prevent	Fix

What Brought You In To See Us Today?

Are You Having Any Pain Right Now?	YES	NO
Do Your Gums BLEED When You Brush Or Floss?	YES	NO
Do You Have Any Sensitivity To Hot or Cold?	YES	NO
Is Anything Chipped or Broken?	YES	NO
Would You Like To Be Pain Free?	YES	NO

What Don't You Like About the Appearance of Your Teeth? _____

*You'll Be Glad To Hear That In Our Office, We Focus On Early Detection of Oral Cancer!**