

PATIENT QUESTIONNAIRE

In order for me to get to know you a little better please answer the following questions as best you can.

1. Please briefly describe any dental "issues" you have.

2. Are you more concerned with a particular tooth/area or do you want a more comprehensive evaluation on your mouth?

3. What do you think is most important? The way your front teeth look or the way your back teeth chew?

4. If you needed some dental work done, what fits better for you, doing as much as possible in as few appointments as possible or a tooth at a time over many appointments? Why? _____

5. Is there a particular reason you have chosen to have your teeth evaluated at this particular time in your life?

6. When you choose, how often do you like to get your teeth cleaned? Why did you pick that number?

7. Do you ever hear noises in your jaw joints or have facial soreness when chewing?

8. If you were missing a tooth in the back of your mouth and nobody could see it would it be of concern to you?

9. If money were no object what would you change about your teeth and smile?

10. If you needed to budget yourself what would you want to do first?

11. Would you rather wait to take care of dental work until something breaks or hurts when you are out of town and take care of it when you get back or would you rather take care of things before they “happen”?

12. If you had a broken tooth in the back of your mouth that was not sensitive what would you do and how quickly.

13. If a tooth breaks and I told you I could fix it, would you want to know why it broke?
