



- I prefer: to learn every detail of my care OR just an overall explanation
- I prefer: long-lasting solutions OR temporary low cost solutions
- I prefer: to let my insurance coverage control my care OR to let my dentist determine my dental needs

What is your main concern regarding your teeth?

Have you ever been advised that you have periodontal problems (gum infection)?

Are there things that you would like to change about your smile?

Are you interested in getting your teeth whitened, if it is affordable?

Have you ever had orthodontics in the past?

Do you have a concern regarding silver mercury fillings?

Is there anything that you would like the doctor to address?

Are you having pain or discomfort at this time? Yes No

Explain: _____

Do your gums bleed when you brush? Yes No

Do you grind or clench your teeth? Yes No

Do you have any fear of dental work? Yes No

Are your teeth sensitive to heat or cold? Yes No

Pressure? Yes No

Sweets? Yes No

Do you smoke? Yes No

If yes, how much per day? _____

Do you drink alcohol? Yes No

If yes, how much daily? _____

Date of last dental examination? _____

What was done at the time? _____

How would you describe your current dental problem? _____

I am interested in: teeth whitening cosmetic evaluation replacement of mercury sedation

white fillings home care other: _____