



New Patient Questionnaire

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Please help us help you by filling out the following information. It is our intention to make your dental experience with us a comfortable and productive one. Your complete and specific information is essential to our communication and achieving the optimal results that are possible.

Name _____ Date _____

Dental Profile

Relating to function, dental hygiene, current problems and concerns with your teeth

1. What is the primary reason that you are here?
2. What are your immediate goals?
3. What are your long-term goals?
4. Are you in pain anywhere in your mouth or around your face? If so, please describe.
5. How often do you have your teeth cleaned by a dental hygienist?
6. Have you had oral hygiene and prevention instructions?
7. Do you have any bite or jaw problems? If so, please describe.

8. If you have had any negative experience with dental treatment or dental therapist, please explain briefly.

9. What would you expect from this office, from the front office staff, the doctor and dental auxiliaries?

10. Is there anything we can do to help you feel more comfortable before and during dental treatment?

Aesthetic Profile

Relating to concerns on a cosmetic and aesthetic level for your teeth, mouth, lips, and face

1. What are your primary and other aesthetic concerns?

2. What are your aesthetic expectations and wishes for your smile and face?

3. If you could change anything about your teeth what would it be? Your lips? Your face?

4. Have you visited other doctors or dentist for consultations regarding any of the above reasons?

5. What were there comments and/or recommendations?

6. Have you had any dental or facial treatments for cosmetic reasons? If so, which procedures?

7. Were you satisfied with the results? If not, please explain.

8. What do you expect to achieve for yourself and your life with any aesthetic improvement in you smile and/or face?

9. Do you believe your expectations are realistic for improvement?

10. How likely is it that your would be satisfied with improvement and not "perfection"?

11. Do you have the time to invest to achieve the most optimal cosmetic improvements?

Thank you again for completing this information as completely and honestly as possible. This information will be valuable in allowing us to make your experience as positive and pleasant as possible.

Signature: _____