



- 1) Why did you choose to come to our office at this time?
- 2) How do you feel about your past dentistry?
- 3) How would you feel if you were to lose a tooth?
- 4) Does dental treatment make you nervous? (Please Explain)
- 5) I consider my smile:
 - a. Very appealing
 - b. Nice
 - c. Acceptable to me'
 - d. In need of improvement
- 6) If I could change my smile I would make my teeth: (mark all that apply)
 - a. Whiter
 - b. Straighter
 - c. Repair chipped tooth
 - d. Close spaces
 - e. Change my silver fillings to white
 - f. Replace stained/mis-matched fillings
 - g. Other _____