

Getting to Know You

Name: _____

Reason for changing dentists and/or reason for your visit today:

When was your last cleaning and/or dental appointment? _____

Have you ever had a deep cleaning or periodontal maintenance? Yes No

How often do you brush? _____ How often do you floss? _____

Have you had any problems with past dental treatment?

On a scale from 1 to 5 how fearful are you of the dentist?

Not at all **1 2 3 4 5** *A lot!*

Why? _____

Is there anything we could do to make your visits more comfortable?

On a scale from 1 to 5, how important is oral health and hygiene in your life:

Not at all **1 2 3 4 5** *A lot!*

Why? _____

Do your gums bleed when brushing/flossing?

If so, where? _____

Do you clench or grind your teeth? Yes No I Don't Know

Have you had or do you currently have pain/discomfort in your jaw joints?

Do you like your smile? Yes No

Is there anything you would change about it? _____

Are you currently having any pain, problems, or concerns that you would like to discuss?
