Dental History Continued…

Why have you come in to see us today? ____________________________________________
____________________________________________________________________________
(e.g. pain, checkup, etc)

Previous Dentist ___________________________ Last Visit _____________________________

Reasons for changing dentists: ___________________________________________________

What problems have you experienced with past dental treatment? _______________________
____________________________________________________________________________

Are you nervous about seeing the dentist? If so, why? _________________________________
____________________________________________________________________________

What are your dental priorities? __________________________________________________
____________________________________________________________________________
(e.g. dental health, financial considerations, etc.)

I would like to improve my smile by: _____________________________________________
(e.g. straighten teeth, whiten teeth, etc.)