

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.)