

Patient Name \_\_\_\_\_

**HELP US GET TO KNOW YOU BY ANSWERING THE FOLLOWING QUESTIONS:**

**When I think about coming to the dentist I feel:**

- Comfortable – I have no anxiety about seeing the dentist or dental procedures
- Anxious – I don't want to come but I make myself, however I am seldom comfortable
- Fearful – I have stayed away from the dentist because of my fear and avoid coming unless absolutely necessary.
- Extremely fearful – I cannot cope with dental visits and have avoided the dentist for years to the detriment of my dental health.
- Other, please explain \_\_\_\_\_

**I have avoided the dentist because of:**

- My anxiety and fear
- Past experiences
- Cost
- Time
- Other, please explain \_\_\_\_\_

**My childhood dental experiences were:**

- Completely pain free and comfortable
- Somewhat uncomfortable
- Painful
- Traumatic
- I did not go to the dentist as a child
- Other, please explain \_\_\_\_\_

**My dental experiences as an adult have been:**

- Completely pain free and comfortable
- Somewhat uncomfortable
- Painful
- Traumatic
- I have not seen the dentist as an adult or my visits have been very few
- Other, please explain \_\_\_\_\_

**I have a fear of – I have concerns about:**

- Experiencing pain
- Not being numb
- Needles
- Unnecessary or wrong treatment
- Gagging
- Losing control
- Having something put over my mouth
- Being scolded or made to feel ashamed
- Catching a disease
- Losing my teeth
- Having to wear a denture or partial
- Other, please explain \_\_\_\_\_

**The following makes me uncomfortable:**

- The sounds of the dental drill
- Laying down in a dental chair
- The smells in a dental office
- Being numb
- Having to wait in the reception area
- Other, please explain \_\_\_\_\_

**The following things are important to me:**

- Getting as much work done in as few appointments as possible
- Temperature of the treatment rooms
- Available financing
- Being able to use my insurance benefits
- Being able to watch TV or listen to music while having dental work done
- Privacy issues
- Other, please explain \_\_\_\_\_

**My preferences would be:**

- To be told in detail about what is going on in my mouth
- To be told in general terms what is going on in my mouth
- To be shown pictures and movies so that I can understand and see what is going on in my mouth
- To read pamphlets and/or books to get more information about my dental problems and solutions
- To dialog with a team member about my dental problems and solutions
- Other, please explain \_\_\_\_\_

**Please Check any that apply:**

- I am unhappy with the appearance of my teeth
- My teeth are not straight
- I have spaces between my teeth
- My teeth are discolored
- I would like my teeth to be whiter
- I have chipped or broken teeth
- My teeth protrude or are crooked
- When I smile you can't see my teeth. They are hidden.
- I think I grind my teeth because they are flat.
- I have old dental work that looks bad.

**EVERYONE NOTICES YOUR SMILE. What would you like your smile to look like?**

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**My immediate concern about my teeth and my smile is:**

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