

Dental History

Patient's Name _____ Date _____

Our dental office is very different than the average, ordinary dental office. We place a high emphasis on helping you determine your present and future dental needs and creating a **Personalized Dental Plan** that is specifically tailored to your specific desires and needs. What follows are some questions that will help us discover what those desires and needs are. These may be about issues you have never thought about, but thoughtful answers will help us to understand your personal situation so we can create an individual plan suited perfectly for you.

1. How long has it been since you have been to the dentist and what were you seen for? _____

2. What are your areas of concern right now or what is your major reason for seeing us? _____

3. Tell us your opinion about what you think the present state of the health of your mouth? _____

4. Tell us about your good dental experiences. _____
5. What did you like about your last dentist? _____
6. Tell us about any bad experiences. _____
7. What caused you to leave your last dentist? _____
8. What would you like to change about your smile? _____
9. What would it take for you to trust us to be your dentist? _____
10. Do you have any family members who already come to our office? **YES NO** Who? _____
11. What do you already know about our office and what are your expectations? _____

12. Has fear ever been an issue for you in a dental office? **YES NO**
13. Has time ever been a factor in getting your dental work done? **YES NO**
14. Has the cost of dental treatment been a concern for you? **YES NO**
What can we do to help you with this?
15. We have the unique ability to look at your mouth from 3 different perspectives, what combination(s) of these would you like us to use for you?
As a general dentist. As a cosmetic dentist. As a functional (bite, TMJ) dentist.
16. At what point do you want us to initiate treatment?
When my tooth hurts/break. When something worsens. When something isn't ideal.
17. What quality of dentistry do you want us to recommend?
"Just patch it" Average Ideal/Best we can provide.
18. Is there anything else you would like us to know? _____
