

INITIAL VISIT INTERVIEW

Patient's Name _____ Date _____

Staff Member Introduction:

To assist us in getting to know you, your likes, dislikes, and needs, I'll be asking you some questions.

Are you aware of any dental treatment that you need? _____

How would you describe the general condition of your teeth? _____

Check One

Yes No

() () Chief complaint: Are you having any special dental concerns at this time? _____

() () Are any of your teeth separating or loose? _____

What was dentistry like for you in the past? _____

Has fear of dental treatment kept you from receiving dental care in the past? _____

() () Have you ever had nitrous (laughing gas)? _____

() () If you could change the appearance of your smile what changes would you make? _____

How important is your image to other people or in your line of work? _____

How long would you like to be able to keep your teeth? _____

() () Is there anything else you would like to ask or add? _____
