



PLEASE ANSWER ALL QUESTIONS

" Tell me about your past experiences with dentists. Is there anything we should try to repeat or avoid?

" What was your best dental experience and why was it good for you? _____

" Would you please describe for me what you think a good dentist is like? _____

" If you had a magic wand, what would you change about your smile? _____

" How would you like your teeth to be 15 years from now? _____

" On a scale of 1 to 10, how do you feel about the condition of your mouth?
Terrible 1 2 3 4 5 6 7 8 9 10 Perfect (please circle)

" On a scale of 1 to 10, how would you like it to be?
Terrible 1 2 3 4 5 6 7 8 9 10 Perfect (please circle)

" What is the most important thing to you about your teeth? _____

" What is your primary dental concern? _____

" What is the history of your family members' (parents, grandparents, etc.) teeth? Did they have partial or full dentures? _____

" What kind of role will insurance have in achieving your objectives?
No Role Minor Role Moderate Role Major Role (please circle one)

" Have you thought about a budget for your dental treatment? _____

" In our work together, what would you like to accomplish (goals)? _____

" Is there anything happening in your life that could influence treatment? _____

" Is the timing right for you to have dental treatment now? _____
