

TELL US ABOUT YOU....

NAME: _____

The better we understand you, the better we can serve you. In keeping with our Principles and Promises, we strongly believe you are the expert on yourself. Please indicate your preference or opinion below by marking along each scale based on which statement represents you best.

My mouth is very comfortable.

|-----|-----|

My mouth is uncomfortable.

I am satisfied with the appearance of my smile.

|-----|-----|

I would like to significantly change my smile.

I will do whatever I must to keep my teeth.

|-----|-----|

I am indifferent about keeping my teeth.

I consider dental care a high priority.

|-----|-----|

I consider dental care a low priority.

I believe my current state of dental health is excellent.

|-----|-----|

I believe my present state of dental health is poor.

I would generally prefer long lasting solutions, which may initially cost more.

|-----|-----|

I would generally prefer more short-term solutions at a lower initial cost.

My insurance will largely determine the extent of my care.

|-----|-----|

I will determine the extent of my care based only on my best interests.

Please circle all Concerns you may have about dental treatment and numerically rank in order of importance:

__anxiety/fear __money/cost __time __pain __lack of trust in doctor __frustration __does not seem urgent

List any other concerns: _____

Please circle all of the Reasons you are presently seeking dental treatment and numerically rank in order of importance:

__pain __better function __prevent further problems __cosmetic/appearance/facial esthetics
__health __guilt __eliminate infection __systemic health concerns

List any other reasons: _____