

Family Dental Practice Dental Questionnaire

Patient Name: _____

1. How can we help you?

2. How long has it been since you have seen a dentist? _____

a. Did you receive emergency or regular care? _____

b. Was there a reason for not seeking regular care? _____

3. What is the reason for leaving your former dentist?

4. Are you missing any teeth? _____

a. How did you lose them? _____

b. Have they been replaced? _____

c. If not, why? _____

5. Are you happy with your smile? _____

a. Would you like to discuss enhancing your smile? _____

b. Satisfied with the color? _____

c. Are you having discomfort with any of your teeth or your bite at this time?

6. These are things that are important to me about my dental health: _____

7. What are some questions about dentistry and oral health that you have never had adequately answered?

8. What do you expect of me as your dentist and from our office? _____

