

New Patient Dental Questionnaire

SofTouch Dental Care would like to help each patient reach their dental goals. Please take a few moments and provide us the following valuable information:

I entered this practice to obtain:

(Please check all that apply)

___ **Comprehensive Exam** of my entire mouth and a consultation concerning my treatment options.

___ **Smile Design Consultation** to learn more about my cosmetic treatment options.

___ **Emergency Exam** for a specific area of concern. **Are you in pain?** ___ Yes ___ No

Please describe:

___ **2nd opinion** concerning treatment options presented elsewhere.

___ **Other:** Please explain:

I would rate the value I place on my oral health as:

___ Very Important to me
___ Moderately important to me
___ Very low importance to me

I would rate the condition of my teeth and gums:

___ Very good
___ Good
___ Acceptable
___ In need of treatment
___ In need of extensive treatment

I would rate my previous dental experiences and quality of care:

___ Exceptional
___ Above average
___ Average
___ Below average
___ Poor

I have concerns in pursuing future dental treatment: ___ Yes ___ No

My concerns are:

___ I am fearful of dental treatment. Please explain:
___ Financial
___ Scheduling concerns. Please explain:
___ Other:

I consider my smile: ___ Very appealing

___ Nice
___ Acceptable to me
___ In need of improvement

Is there any further information about you that would help us to assist you more thoroughly?