



## New Patient Interview

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Employer: \_\_\_\_\_ (Circle One: Current or Retired)

School: \_\_\_\_\_ (Circle One: Current or Graduate)

### How do you prefer to be contacted about appointments?

Call (\_\_\_\_)\_\_\_\_-\_\_\_\_ (This number is for: \_\_\_\_Home \_\_\_\_Work \_\_\_\_Cell)

Text (\_\_\_\_)\_\_\_\_-\_\_\_\_  Email \_\_\_\_\_

### For your comfort or distraction from your procedure, would you like:

Laughing gas (fee applies)  Neck or Back Pillow  Chapstick

Anxiety prescription (before appointment)  Blanket

*Feel free to bring headphones to listen to your own music as well!*

### What are your dental health objectives?

Pain-free  Bright, white smile  Keep your natural teeth

Fresh breath  Healthy gums  Straighter teeth

### What, if anything, are you unsatisfied with regarding your teeth or smile?

### To what level of health do you want us to make recommendations for you?

1. **Basic:** Only fix something when it breaks (pain, broken teeth, abscess)

2. **Informed:** Be told about any current or potential issues so you can understand the problems and your options to treat or prevent them (overview)

3. **Enhanced:** Discuss how you can improve upon treatment and prevention to enhance your teeth's appearance and health (whiten, straighten, cosmetics)

What you do for fun: \_\_\_\_\_

What motivated you to make this appointment (pain, checkup, etc.)?

How did you hear about our office? \_\_\_\_\_