



**New Patient Questionnaire**

**What is the main reason for your visit today?**

- Tooth Pain
- Whitening
- Check-up
- Cosmetic Dentistry
- Cleaning
- Sedation Dentistry
- Orthodontics (braces)
- Other: \_\_\_\_\_

**I would like to learn more about:**

- Whitening
- Orthodontics (braces)
- Healthy Diet
- Cosmetic Dentistry
- Sedation Dentistry
- Implants
- Veneers
- Crowns
- Bridges
- Dentures
- Partials
- Other: \_\_\_\_\_

Date of your last hygiene/cleaning visit:

\_\_\_\_\_

On a scale of 1 to 5, with 1 being **poor** and 5 being **good**, please rate how you feel about your overall dental health.

- 1    2    3    4    5

On a scale of 1 to 5, with 1 being **uncommitted** and 5 being **committed**, over the last ten years, rate how consistently you have had your teeth professionally cleaned?

- 1    2    3    4    5

On a scale of 1 to 5, with 1 being **not sensitive** and 5 being **very sensitive**, what is your level of sensitivity to dental procedures?

- 1    2    3    4    5

On a scale of 1 to 5, with 1 being **not sensitive** and 5 being **very sensitive**, what is your sensitivity to cleaning visits?

- 1    2    3    4    5

Rate how you feel about your smile and the appearance of your teeth with (1) being **unhappy** and (5) being **very happy**.

- 1    2    3    4    5