

GETTING ACQUAINTED INTERVIEW

How long have you lived here? _____

How did you hear about us? _____

How important is it to you to keep your teeth for a lifetime? _____

Are you having any problems regarding your oral health? _____

Your teeth? _____

Their position? _____

Your breath? _____

Shape? _____

Color? _____

Are you having problems with any of the following:

Jaw popping? _____

Grinding/Clenching? _____

Destruction/Breaking teeth? _____

How comfortable are you with having dental treatment on a scale from 1-5? 1 being very comfortable, 5 being very afraid, fearful and anxious? Why? _____

Are you aware of the relationship between gum disease and heart disease? _____

If you could change anything about your smile, what would it be? _____

Do you have dental insurance? If yes, what is it and who is the insured? _____

Who is the insured employed by? _____