



New Patient Interview

Name: _____

Address: _____

Birthdate: Month _____ Day _____ Year _____

Employer: _____ (Circle One: Current or Retired)

School: _____ (Circle One: Current or Retired)

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? _____