



## **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?** \_\_\_\_\_