

TELL US ABOUT YOU....

NAME: \_\_\_\_\_

The better we understand you, the better we can serve you. In keeping with our Principles and Promises, we strongly believe you are the expert on yourself. Please indicate your preference or opinion below by marking along each scale based on which statement represents you best.

My mouth is very comfortable.	..... .....	My mouth is uncomfortable.
I am satisfied with the appearance of my smile.	..... .....	I would like to significantly change my smile.
I will do whatever I must to keep my teeth.	..... .....	I am indifferent about keeping my teeth.
I consider dental care a high priority.	..... .....	I consider dental care a low priority.
I believe my current state of dental health is excellent.	..... .....	I believe my present state of dental health is poor.
I would generally prefer long lasting solutions, which may initially cost more.	..... .....	I would generally prefer more short-term solutions at a lower initial cost.
My insurance will largely determine the extent of my care.	..... .....	I will determine the extent of my care based only on my best interests.

Please circle all **CONCERNS** you may have about dental treatment and numerically rank in order of importance:  
anxiety/fear \_\_\_ money/cost \_\_\_ time \_\_\_ does not seem urgent \_\_\_ pain \_\_\_  
lack of trust in dentist \_\_\_ frustration \_\_\_ list any other concern(s) \_\_\_\_\_  
\_\_\_\_\_

Please circle all of the **REASONS** you are presently seeking dental treatment and numerically rank in order of importance:  
pain \_\_\_ better function \_\_\_ prevent future problems \_\_\_ cosmetics/appearance \_\_\_ health \_\_\_  
guilt \_\_\_ eliminate infection \_\_\_  
list any other reason(s) \_\_\_\_\_  
\_\_\_\_\_

Would you like to speak with Dr. Otten privately about anything? \_\_\_ yes \_\_\_ no