



Name: _____

Date: _____

How did you hear about our office? _____

What dental concerns do you have? _____

Have you ever had Periodontal Treatment (deep cleanings)? _____

Tell us about your previous dental visits? _____

What is the most important thing you want in a dentist? _____

Are you happy with the shade of your teeth? _____

If there was one thing in your mouth that you could change, what would it be?

What factors have held you back from doing the work?

Fear _____

Money _____

Time _____

Other _____