

New Patient Questionnaire

Did you have any trouble finding the practice?

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Who can we thank for referring you?

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What is your concern with your oral health/teeth?

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Why did you leave your last dentist?

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Do you know of any current dental needs you have - a crown, cavity, etc.?

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Do I have your permission to discuss any issues or changes I see in your mouth other than the ones you've told me you are concerned with? \_\_\_\_\_

How healthy do you want to be? What are your goals - to fix what's hurting or wrong now, or to have your teeth for life?

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Are you, or anyone in your family, planning to be part of a wedding in the next 24 months? \_\_\_\_\_