

DATE _____

PATIENT NAME _____ SINGLE _____ MARRIED _____ WIDOWED _____

ADDRESS _____ DIVORCED _____

HOME PHONE _____ BUSINESS PHONE _____ BIRTH DATE _____

CELL PHONE _____ EMAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

BUSINESS ADDRESS _____

PERSON RESPONSIBLE FOR ACCOUNT _____

EMERGENCY CONTACT NAME _____ TEL # _____

SOCIAL SECURITY NUMBER _____

WHOM MAY WE THANK FOR THIS REFERRAL? _____

These are the things that are important to me about my Dental Health:

(CIRCLE ONE)

- | | |
|---|---|
| 1. My mouth is | A) very comfortable |
| | B) moderately comfortable |
| | C) uncomfortable |
| <hr/> | |
| 2. I | A) think the appearance of my mouth is excellent |
| I am | B) satisfied with the appearance of my mouth |
| | C) dissatisfied with the appearance of my mouth |
| <hr/> | |
| 3. I | A) will do anything to keep my natural teeth |
| | B) want to keep my teeth, but have a certain budget of time and money I am willing to spend on them |
| | C) don't care whether I keep my teeth or not |
| <hr/> | |
| 4. I | A) have set goals for my oral health with a previous dentist |
| | B) want to set goals concerning my dental health |
| | C) don't set goals concerning my dental health |
| <hr/> | |
| 5. I | A) have always done the best that was recommended for my dental health |
| | B) have not done what dentists have recommended for my dental health |
| | C) rarely go, and don't care much about having my dental work completed |
| <hr/> | |
| 6. I have | A) put dentistry for myself and my family high on my priority list |
| | B) put dentistry for myself and my family low on my priority list |
| | C) it's on my list but hard to find |
| <hr/> | |
| 7. I think my present state of dental health is: | A) excellent |
| | B) good |
| | C) poor |
| <hr/> | |
| 8. I aspire to a mouth with: | A) excellent health |
| | B) good health |
| | C) poor health |
| <hr/> | |
| 9. What are some questions about dentistry and oral health that you have never had adequately answered for you? | |