Family Dental Practice
Dental Questionnaire

Patient Name: _________________________________________________

1. How can we help you?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

2. How long has it been since you have seen a dentist? ______________________________________________
   a. Did you receive emergency or regular care? ________________________________________________
   b. Was there a reason for not seeking regular care? _____________________________________________
      ______________________________________________________________________________________

3. What is the reason for leaving your former dentist?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

4. Are you missing any teeth? _________________________________________________________________
   a. How did you lose them? __________________________________________________________________
   b. Have they been replaced? __________________________________________________________________
   c. If not, why? _____________________________________________________________________________

5. Are you happy with your smile? _____________________________________________________________
   a. Would you like to discuss enhancing your smile? ____________________________________________
   b. Satisfied with the color? __________________________________________________________________
   c. Are you having discomfort with any of your teeth or your bite at this time?
                                                                                             ____________________________________________________________________________

6. These are things that are important to me about my dental health: ______________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

7. What are some questions about dentistry and oral health that you have never had adequately answered?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

8. What do you expect of me as your dentist and from our office? _________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________