

Getting to know you

Reason for changing dentists and/or reason for your visit today?

When was your last cleaning and/or dental appointment? _____

Have you ever had a deep cleaning or periodontal maintenance? _____

How often do you brush? _____

How often do you floss? _____

Have you had any problems with past dental treatment?

On a scale from 1 to 5 how fearful are you of the dentist?

Not at all 1 2 3 4 5 A lot!

Why? _____

Do your gums bleed when brushing/flossing? _____

Do you clench or grind your teeth? _____

Have you had or do you currently have pain/descomfort in your jaw joints? _____

Do you like your smile? _____

Is there anything you would change about it?

Are you currently having any pain, problems or concerns that you would like to discuss? _____
