NEW PATIENT INTERVIEW

Our purpose in conducting this New Patient Interview is to learn more about you, allowing our team to supply you with all of the important information you will need to make informed decisions regarding your overall health.

| PA | ATIENT INFORMATION: | | | |
|----------------|---|---|---|-------------------------------------|
| Date of visit: | | Scheduled date: | | |
| Patient: | | | | |
| Spouse: | | Children: | | |
| | octor: | | | |
| | JILDING RELATIONS: We like to treat our patients like | e family - Refore we get to y | vour oral health | wa lika to gat to know you |
| ١. | What would you like to share v | | | - |
| 2. | What would you like to know a | bout our dental practice? D | octor(s)? Hygier | nist(s)? Assistant(s)? |
| 3. | . What are your thoughts about going to the dentist? What were your previous dental experiences like? | | | |
| 4. | What dental problems have yo | u had in the past? Currently | experiencing? | |
| 5. | . What do you like/dislike about your smile (are your teeth as you would like them to be)? | | | |
| 6. | What are your objectives regard ☐ Healthy gums ☐ Keeping you | | teeth □White t | reeth Pain free Other |
| 7. | Do you ever experience headac | hes, neck or back pain? | □Yes □N | 0 |
| 8. | □ On time from start to fit □ A clear understanding of □ To know absolutely everally and the control of the called after your □ To be called after your □ To be done with treatm □ Multiple shorter appoin | nish ldeal appoint of problem and recommend erything that is going on in y | tments. Day: ded solutions four mouth, regaing pointments ent | |
| 9. | · · · | | ed or before. What-free Financing | nat method of payment is best for |
| 10 | · | | | k efficiently. We request you honor |