



Help Us Get To Know You Better! Please Fill Out Our Clinical Interview:

Name: _____ Today's Date: _____

What is Most Important To You About Your Dental Health? _____

How Do You Know a Dentist or Dental Office Does a Good Job? _____

YOUR Dental History:

How Long Has It Been Since You've Been To The Dentist? _____

How Long Has It Been Since You've Had A Cleaning? _____

Was There Anything You **Did** Like About Your Previous Dentist Office? _____

Was There Anything You **Did Not** Like About Your Previous Dentist Office? _____

How Do You Prefer To Receive Information? (circle) Give Me The BIG PICTURE or I Want ALL The DETAILS

Would You Like Straighter Teeth?	YES	NO
Would You Like Whiter Teeth?	YES	NO
Do You Ever Worry About BAD BREATH?	YES	NO
Do You Want A Healthy Mouth or Are You Just Worried About A Specific Problem?	Healthy	Specific
Are You Aware Of The Dangerous Link Between Gum Disease and Overall Health?	YES	NO
Are You Most Concerned About Preventing Cavities or Just Fixing Them When You Have Them?	Prevent	Fix

How Can We Help Decrease Your Dental Fear? _____

What Is The Biggest Obstacle That Keeps You From Having A Healthy Mouth? (circle) Time, Money, Fear, Nothing

Chief Complaint: What Brought You In To See Us Today? _____

Are You Having Any Pain Right Now?	YES	NO
Do Your Gums BLEED When You Brush Or Floss?	YES	NO
Do You Have Any Sensitivity To Hot or Cold?	YES	NO
Is Anything Chipped or Broken?	YES	NO
Would You Like To Be Pain Free?	YES	NO

What Don't You Like About the Appearance of Your Teeth? _____

Which Of The Following Cancers Has The Highest Death Rate? (circle)

- Cervical Cancer Hodgkin's Lymphoma Oral Cancer Skin Cancer

You'll Be Glad To Hear That In Our Office, We Focus On Early Detection of Oral Cancer!