

## Waterford Dental Health

177 Boston Post Road

Waterford, CT 06385

Telephone 860-447-2235 fax 860-444-2992

[www.waterforddentalhealth.com](http://www.waterforddentalhealth.com) [waterforddh@sbcglobal.net](mailto:waterforddh@sbcglobal.net)

***We are firmly committed to helping you get the dental care you want. In order to help us understand your needs and wants, please answer the following questions:***

1. When I think about coming to the dentist, I feel:

- Comfortable – *I have no anxiety whatsoever about seeing the dentist or dental procedures*
- Anxious – *I don't want to come but I force myself, however I am seldom comfortable*
- Fearful – *I have stayed away from the dentist because of my fear and avoid coming unless absolutely necessary*
- Extremely fearful – *I cannot cope with dental visits and have avoided the dentist for years to the detriment of my dental health*

2. I have avoided the dentist because of:

- My anxiety and fear
- Past Experiences
- Cost
- Other

3. My childhood dental experiences were:

- Completely pain free & comfortable
- Painful
- I did not go to the dentist as a child
- Somewhat uncomfortable
- Traumatic

4. My dental experiences as an adult have been:

- Completely pain free & comfortable
- Painful
- I have not seen the dentist as an adult or my visits have been few
- Somewhat uncomfortable
- Traumatic

5. I have a fear of – I have concerns about:

- Experiencing pain
- Unnecessary or wrong treatment
- Having something put over my mouth
- Losing my teeth
- Not being numb
- Gagging
- Being scolded or being made to feel ashamed
- Having to wear a denture or partial
- Needles
- Losing control
- Catching a disease
- Other \_\_\_\_\_

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6. The following makes me uncomfortable:

- |                                                       |                                                               |                                                        |
|-------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> The sounds of a dental drill | <input type="checkbox"/> Laying down in a dental chair        | <input type="checkbox"/> The smells of a dental office |
| <input type="checkbox"/> Being numb                   | <input type="checkbox"/> Having to wait in the reception area | <input type="checkbox"/> Other_____                    |

7. The following is important to me:

- |                                                                                       |                                                                                                  |                                     |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Getting as much work done in as few appointments as possible | <input type="checkbox"/> Being able to watch TV or listen to music while having dental work done | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Temperature of the treatment rooms                           | <input type="checkbox"/> Available financing                                                     |                                     |
| <input type="checkbox"/> Being able to use my insurance benefits                      | <input type="checkbox"/> Privacy issues                                                          |                                     |

8. My preference would be:

- To be told in detail about what is going on in my mouth
- To be told in just general terms about what is going on in my mouth
- To be shown pictures and movies so that I can understand and see what is going on in my mouth
- To read pamphlets and/or books to get more information about my dental problems and solutions
- To dialogue with a team member about my dental problems and solutions
- Other\_\_\_\_\_

9. My immediate concern(s) about my teeth and my smile is/are:

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Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_