

# ***New Patient Dental Questionnaire***

*SofTouch Dental Care would like to help each patient reach their dental goals. Please take a few moments and provide us the following valuable information:*

## ***I entered this practice to obtain:***

(Please check all that apply)

**Comprehensive Exam** of my entire mouth and a consultation concerning my treatment options.

**Smile Design Consultation** to learn more about my cosmetic treatment options.

**Emergency Exam** for a specific area of concern. **Are you in pain?**  Yes  No

Please describe:

**2nd opinion** concerning treatment options presented elsewhere.

**Other:** Please explain:

## ***I would rate the value I place on my oral health as:***

- Very Important to me
- Moderately important to me
- Very low importance to me

## ***I would rate the condition of my teeth and gums:***

- Very good
- Good
- Acceptable
- In need of treatment
- In need of extensive treatment

## ***I would rate my previous dental experiences and quality of care:***

- Exceptional
- Above average
- Average
- Below average
- Poor

## ***I have concerns in pursuing future dental treatment:*** Yes No

*My concerns are:*

- I am fearful of dental treatment. Please explain:
- Financial
- Scheduling concerns. Please explain:
- Other:

***I consider my smile:***  Very appealing  
 Nice  
 Acceptable to me  
 In need of improvement

***Is there any further information about you that would help us to assist you more thoroughly?***