



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

How did you hear about our office? \_\_\_\_\_

Do you have any current issues? \_\_\_\_\_

How long has it been since you've seen a dentist/hygienist? \_\_\_\_\_

Who did you see last? \_\_\_\_\_

What was it that made you schedule now? \_\_\_\_\_

Do you have any Medical Alerts? \_\_\_\_\_

Have you ever had to pre-medicate for dental appointments? \_\_\_\_\_

Is there anything that makes you uncomfortable at the dentist? \_\_\_\_\_

\_\_\_\_\_

Is there anything we can do to make your visit more enjoyable? \_\_\_\_\_

\_\_\_\_\_

Is there any information you would like us to provide you before your appointment?

\_\_\_\_\_

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