



Clarendon Dental Arts

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Patient Questionnaire

Our office is like no other dental office. This will be the most important dental visit you will ever have. We place a high emphasis on helping you determine your present and future dental needs. Here are some of the things we are going to be discussing with you at your first visit, some of which you may have never considered. Please answer how you feel about the following questions:

Are you having any areas of concern? _____

Tell us what you think of the present state of health of your mouth: _____

How healthy do you want us to get your mouth?

Don't really care Average The best it can be

Tell us about your good dental experiences... _____

And the bad ones... _____

What caused you to leave your last dental office? _____

What would you like to change about your smile? _____

What would it take for you to trust us to be your dentist and dental team? _____

Do you have any family or friends that already come to our office? _____

What do you already know about our office and what are your expectations? _____

Has fear ever been an issue for you in the dental office? _____

Has time ever been a factor in getting your dental work done? _____

Has the cost of dental treatment been a concern for you? _____

What can we do to help you with this? _____

We have the unique ability to look at your mouth from three different perspectives. What combination are you looking for us to be?

A general dentist A cosmetic dentist A functional dentist

At what point do you want us to initiate treatment?

When my tooth hurts or breaks When something is worsening When something isn't ideal

What quality of dentistry do you want us to recommend?

Just patch it Average Ideal / the best

Is there any additional information you would like us to know? _____
