

Prestige Dentistry

PERSONAL DENTAL NEEDS SURVEY

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

Please rate in order of importance, your primary concerns regarding your dental care. (The most important would be #1)

- \_\_\_ Preventative Dental Health care
\_\_\_ Excellence and Quality of service
\_\_\_ Other
\_\_\_ Freedom from pain
\_\_\_ Cost and affordability

Please rate, as above, what a dentist has to do to gain your confidence.

- \_\_\_ Show me what he/she is doing or needs to do so I can clearly understand what is happening.
\_\_\_ Listen to my concerns and explain thoroughly the procedures to be performed.
\_\_\_ Make sure I feel comfortable and informed at all times.

Please circle the level of fear you have about your dental visits. (10 being the greatest fear.)

1 2 3 4 5 6 7 8 9 10

Please circle how important your dental health is to you. (10 being the highest importance.)

1 2 3 4 5 6 7 8 9 10

Where would you rate your current dental health? (10 being the highest rating.)

1 2 3 4 5 6 7 8 9 10

I would like to know about these options available to me for maximizing my comfort and my experience during my visit. (Check all that apply.)

- \_\_\_ Music and earphones
\_\_\_ Nitrous Oxide
\_\_\_ Sedative medications
\_\_\_ Patient education materials

Are you concerned about the following? (Yes or No):

- \_\_\_ Existing discomfort?
\_\_\_ Replacing old silver fillings?
\_\_\_ Recurring or untreated gum disease?
\_\_\_ Mouth odor?
\_\_\_ Having smile makeover?
\_\_\_ Grinding or clenching teeth?
\_\_\_ Whitening your teeth?
\_\_\_ Prevention of decay?
\_\_\_ Short/worn teeth, cosmetics?
\_\_\_ Jaw clicking/popping?
\_\_\_ Replacing old crowns that don't match?
\_\_\_ Sensitivity (hot, cold, sweet)?

Why did you leave your previous dentist? \_\_\_\_\_

What is the most important thing to you about your future smile and dental health? \_\_\_\_\_

What is the most important thing to you about your dental visit today? \_\_\_\_\_

PLEASE CIRCLE ONE:

When discussing my treatment plan, I prefer:

- \_\_\_ THE BIG PICTURE
\_\_\_ DETAIL BY DETAIL

When evaluating my smile, it's most important:

- \_\_\_ WHAT I SEE
\_\_\_ WHAT OTHERS SEE