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