



## NEW PATIENT INTERVIEW

Our purpose in conducting this interview is to learn more about you, allowing our dental team to supply you with all of the important information you will need to make informed decisions regarding your dental health. Please complete this form and bring it with you to your appointment.

### PATIENT INFORMATION

Patient \_\_\_\_\_ Scheduled Date \_\_\_\_\_  
Spouse \_\_\_\_\_ Scheduled time \_\_\_\_\_  
Children \_\_\_\_\_ Doctor \_\_\_\_\_  
Referred by \_\_\_\_\_

### BUILDING RELATIONS

We like to treat our patients like family. Before we get to your dental health, we'd like to get to know you as a person. What would you like to share with us about yourself?

What would you like to know about our dental practice?

What would you like to know about your doctor?

What motivated you to make an appointment with us?

What are your thoughts about going to the dentist?

What have your previous dental experiences been like?

What do you like and dislike about your smile? Are your teeth as you would like them to be?



What are your dental health objectives?

- ☐ Pain Free      ☐ Bright, white smile      ☐ Healthy gums      ☐ Straighter teeth
- ☐ Keeping your natural teeth for a lifetime      ☐ Handle the problem correctly the first time
- ☐ Fresh breath      ☐ Other \_\_\_\_\_

What dental problems have you had in the past? Are you currently experiencing any? How do these problems affect you?

Do you ever experience headaches, neck pain, or back pain? ☐ Yes ☐ No

So that we may serve you personally and comfortably, which of the following are most important to you?

- ☐ On time from start to finish
- ☐ Ideal appointment times \_\_\_\_\_ days \_\_\_\_\_
- ☐ A clear understanding of problems and recommended solutions
- ☐ To know absolutely everything that is going on in your mouth, regardless of severity
- ☐ To handle only your most pressing needs
- ☐ To be informed of how you can enhance
- ☐ facial appearance    ☐ the whiteness of your teeth    ☐ your overall health
- ☐ A warm, moist towel after each visit
- ☐ To be called after your visit to see how you are doing
- ☐ To be done with treatment sooner with longer appointments
- ☐ Multiple shorter appointments to complete treatment
- ☐ A call to remind you of the exact time of your next appointment so you can be prompt
- ☐ A call and card for your preventative maintenance visits

## EXPECTATIONS

We respect our patients' time. We do everything we can to work efficiently on your treatment, and we ask the same from you. Please be on time and give us 48 hours notice if you cannot make your appointment.

We are a zero-balance office. If there is an investment in your health, which method of payment is best for you? ☐ Cash    ☐ Check    ☐ Credit Card    ☐ Interest-free Financing

What expectations do you have of us?

Do you have any other questions?