My Family Dentistry
Implant & Cosmetic Dentistry

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Getting To Know You

Today's Date: _____

What name would you like us to call you? _____

Please describe the reason for your consultation today:

_____

_____

How long has this been going on, and what other events apply to today's visit?

_____

_____

Why have you decided to deal with this now?

_____

Have you consulted with another dentist about this? Y/N If yes, what was discussed or done?

_____

_____

When was your last dental check-up? _____

Who is your regular or previous dentist? _____

Have you noticed or has any dentist or hygienist ever said that you:

Have gum disease	☐ Yes ☐ No	Loose/broken teeth or fillings	☐ Yes ☐ No
Grind your teeth	☐ Yes ☐ No	Food collection between teeth	☐ Yes ☐ No
Clicking or popping jaw	☐ Yes ☐ No	Sores, blisters or growths	☐ Yes ☐ No
Jaw pain or tiredness	☐ Yes ☐ No	Bad breath	☐ Yes ☐ No
Pain around ear	☐ Yes ☐ No	Have you ever had BOTOX	☐ Yes ☐ No
Lip or cheek biting	☐ Yes ☐ No	Have you ever had dermal fillers	☐ Yes ☐ No

Sensitivity to: ☐ Cold ☐ Heat ☐ Sweets ☐ Biting or chewing

Would you like to know what options are available for you to:
1. Create a more attractive smile Y/N 2. Look younger Y/N 3. Keep your teeth for life Y/N

What are your priorities and what would you like to see done now?

_____