

Questionnaire

Thank you for choosing our practice
Please help us to help you by completing this questionnaire

Name		
How long, approximately, since your last dental treatment?		
Where did you hear about us?		

<i>Your teeth and gums</i>	<i>No</i>	<i>Yes</i>
Are you confident when you smile?		
Are you happy with the condition of your mouth?		
Do your gums bleed when you brush them?		
Do you suffer from bad breath?		
Do you eat a lot of sweet things?		
Do you often drink fizzy drinks?		
Do you snack between meals?		
Are you happy with the appearance of your teeth?		
Would you describe yourself as a regular attender?		

<i>If you wear dentures</i>	
How old are the present ones?	
Have you a spare set?	
Are you happy with the appearance?	
Are they comfortable?	

<i>Family history</i>	
Have your parents still got their natural teeth?	
If not, do you know why not? Did they lose them from decay or from gum problems?	

<i>Expectations</i>	
Are you worried about any aspects of your dental treatment?	
What would you like us to do for you?	