



## GETTING TO KNOW YOU

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

Occupation \_\_\_\_\_

Hobbies/Intrest \_\_\_\_\_

Reason for changing dentists and/or reason for your visit today: \_\_\_\_\_

When was your last cleaning and/or dental appointment? \_\_\_\_\_

Have you ever had a deep cleaning or periodontal maintenance? Yes  No

How often do you brush? \_\_\_\_\_ How often do you floss? \_\_\_\_\_

Have you had any problems with past dental treatment?

*Not at all! 1 2 3 4 5 A lot! Why?* \_\_\_\_\_

Is there anything we could do to make your visit more comfortable?

\_\_\_\_\_

On a scale from 1 to 5 how important is oral health and hygiene in your life:

*Not at all 1 2 3 4 5 A lot! Why?* \_\_\_\_\_

Do your gums bleed when brushing/flossing? *If so where?* \_\_\_\_\_

Do you clench or grind your teeth? Yes  No  I Don't Know

Have you had or do you currently have pain/discomfort in your jaw joints? \_\_\_\_\_

Do you like your smile?  Yes No

Is there anything you would change about it? \_\_\_\_\_

Are you currently having any pain, problems, or concerns that you would like to discuss? \_\_\_\_\_