

Name: _____

Date: _____

Do you have any other medical conditions not listed on the Health History part of the registration form? If yes, please indicate:

Which one or two items best describes your dental feelings, philosophies, and goals:

- Optimum Health
- Preventive Health (treat small things before they become big)
- "If it ain't broke, don't fix it"
- "I like to avoid the dentist at all costs"

Are you dissatisfied with the **appearance** of your teeth? Yes No

Are you dissatisfied with the **function** of your teeth? Yes No

Are you dissatisfied with the **comfort** of your teeth? Yes No

Do you have systemic health issues you feel may be related to your dental condition? Yes No

Can you relate specific dental treatments to declines in systemic health? Yes No

Are you working with another practitioner who is overseeing all of your medical and dental care? Yes No

Do you get anxious before or during dental treatment? Yes No