

New Patient Dental Questionnaire

Dr. Bohman and his team would like to help each patient reach their dental goals. Please take a few moments and provide us the following valuable information:

I entered this practice to obtain:

(Please check all that apply)

Comprehensive Exam of my entire mouth and a consultation with Dr. Bohman and his team concerning my treatment options.

Smile Design Consultation to learn more about my cosmetic treatment options.

Emergency Exam for a specific area of concern. **Are you in pain?** Yes No
Please describe:

2nd opinion concerning treatment options presented elsewhere.

Other: Please explain:

I would rate the value I place on my oral health as:

Very Important to me

Moderately important to me

Very low importance to me

I would rate the condition of my teeth and gums:

Very good

Good

Acceptable

In need of treatment

In need of extensive treatment

I would rate my previous dental experiences and quality of care:

Exceptional

Above average

Average

Below average

Poor

I have concerns in pursuing future dental treatment: Yes No

My concerns are:

I am fearful of dental treatment. Please explain:

Financial

Scheduling concerns. Please explain:

Other:

I consider my smile:

Very appealing

Nice

Acceptable to me

In need of improvement

Is there any further information about you that would help us to assist you more thoroughly?