

**Help Us Help You** You may never have thought about some of the following issues. By answering completely we can better determine your present and future dental needs.

- Are you having any areas of concern?  
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- Tell us, in your opinion, what you think the present state of the health of your mouth is?  
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- Do you have any family or friends that already come to our office?  
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- What do you already know about our office and what are your expectations?  
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- How do you feel about the appearance of your face and smile?  
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- What would it take for you to trust us to be your dentist?  
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- Has fear ever been an issue for you in a dental office?  
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- What caused you to leave your last office?  
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- Has time ever been a factor in getting your dental work done?  
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- Has the cost of dental treatment been a concern for you? \_\_\_\_\_  
If yes, what can we do to help you with this? \_\_\_\_\_
- We offer oral sedation and nitrous oxide. Is this something you would be interested in?  
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- Are there any other things you would like us to know about you?  
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