

To Better Serve Your Dental Needs, Please Tell Us...

ABOUT YOU

What or who referred you to Valley Dental? _____

What type of dental care do you desire? _____

When were you last seen by a dentist? _____

Why did you leave your previous dentist? _____

Do you have any nutritional concerns or special dietary needs? YES NO
If yes, please explain _____

Do you have any special hobbies? YES NO
If yes, please list them _____

ABOUT YOUR TEETH

Are you currently experiencing dental pain or sensitivity? YES NO
If yes, how long _____

How often do you have your teeth cleaned? _____

Do your gums bleed while brushing or flossing? YES NO
If yes, please explain _____

How important is it that you retain your natural teeth? _____

Do you like the appearance of your teeth? YES NO
Smile? YES NO
Color? YES NO
Shape? YES NO

Do you have any concerns about halitosis? (bad breath)? YES NO

Has anyone told you that you have halitosis? YES NO

Would you like a staff member to discuss treatment for halitosis? YES NO