

cabrillo dental

FAMILY AND COSMETIC DENTISTRY

Everything you need for a healthy smile

WELCOME PAGE - Q & A

We Warmly Welcome You

To better serve you, please take just a couple minutes to answer the following questions. Thanks!

Please check any of the following problems that apply to you:

- Sensitivity (hot, cold or sweet)
- Headaches, earaches, neck pain
- Teeth or fillings breaking
- Grinding or clenching teeth
- Bleeding, swollen, or irritated gums
- Loose, tipped or shifting teeth
- Bad breath

Do you have or have you had any of the following?

- Dentures
- Partial Dentures
- Peridental (gum) treatments

Please share the following approximate dates:

Your last cleaning _____

Your last oral cancer screening _____

Your last complete x-rays _____

Who was your previous dentist?

Name: _____

City: _____ State: _____

Phone: _____

What are the most important things to you about your smile and dental health? _____

Do you smoke or use chewing tobacco? Yes No

If yes, how much? _____

And, for how long? _____

If you could change your smile, would you?

(Please check all that apply)

- Make your teeth whiter
- Make your teeth straighter
- Close spaces between teeth
- Replace black metal fillings with tooth-colored restorations
- Repair chipped teeth
- Replace missing teeth
- Replace old crowns that don't match
- Have a smile makeover

On a scale of 1 to 5, with 5 being the highest rating:

(Please circle the numbers that best applies)

How important is your dental health to you?

1 2 3 4 5

How would you rate your current dental health?

1 2 3 4 5

Why did you leave your previous dentist?

What is the most important thing to you about your dental visit today?

