



Your dental history

We are delighted that you have selected our practice to provide your dental care. So that we can do our best for you, we would like to ask you a few questions about your dental history.

Please circle your answers where necessary.

Which of the following best describes your feelings about a visit to the dentist?

Relaxed / Anxious / Nervous / Terrified

Are there any dental procedures which have frightened you in the past? YES / NO
If yes, please can you outline what happened:-

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Are you having any trouble with your teeth or mouth at present? YES / NO

Have you any concerns about your teeth? YES / NO

When did you last visit the dentist?

Would you like to know more about preventative treatment for you or your children? YES / NO

The majority of our patients have been referred to us. Were you? YES / NO

If yes, who referred you?

If you were not referred to us by another person, how did you hear about us?

Telephone directory / Internet / Other:-

Are you interested in low cost care plans for you or your family?YES / NO

Do you have any concerns about visiting the dentist which are not covered on this form?

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