



CUSTOMIZED TREATMENT QUESTIONNAIRE

Patient Name	
Reason for today's visit	
Date of last dental visit	

What is your primary concern you'd like us to address today?

YES  NO  When it comes to your health, do you prefer to be proactive? Would you rather address an issue today instead of letting it worsen over time - which may cost more time, visits, and money to fix later?

YES  NO  Do you consider yourself more of a reactive person – someone who would rather wait to deal with any issues after they develop, even if that means costing you more time, visits, and money to fix later?

YES  NO  Do you have high dental anxiety or fear when visiting the dental office for treatment? Would you like us to discuss sedation options that can keep you comfortable?

Do you prefer to pay your bill in full or would you rather hear about monthly payments – at 0% or low interest rate?

PAY IN FULL  MONTHLY PAYMENTS

What do you value most in a dental office? Check all that apply

COSMETIC – You value how your teeth look. You want them straight, and want them white.

FUNCTION – You value an ability to enjoy your favorite foods and drinks without any limitations.

COMFORT – You value NOT being in pain or having any tooth or gum sensitivities.

LONGEVITY – You value the ability to have your natural teeth forever, and making the dental work last.

What is the most important objection or obstacle you have to visiting a dental office? (check all that apply)

TIME – Getting appointments to suit your schedule. / Getting in and out of the office quickly.

NO URGENCY – No pain / Little pain / or tollerable pain.

BUDGET – I knew I needed work done, but did not have the money.

TRUST – Bad previous experience. I was told that I needed work that I felt was unnecessary. I felt ripped off.

Do you prefer to break your appointments up into smaller visits and schedule over time?

YES  NO

How would you rate your smile from 1-10

Are you interested in discussing cosmetic dentistry treatment

YES  NO