



## Child Dental Questionnaire

Does your child have tooth pain today? Yes No

Has your child ever fallen and hurt their teeth? Yes No

Is this your child's first visit to the dentist? Yes No

Do you think your child will be nervous or have they had a negative dental experience? Yes No

Do you brush your child's teeth? Yes No

Are you interested in braces for your child? Yes No

Is there anything about your child's teeth that concerns you? If yes, please describe below.

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