



## Dental Questionnaire

Are you having any tooth or gum pain today? Yes No

Are you nervous about seeing the dentist? Yes No

Are you interested in learning about sedation options during treatment? Yes No

Have you had any difficulties with previous dental treatment? Yes No

Do your gums bleed when you brush? Yes No

Do you have missing teeth that you would like to replace? Yes No

Are you interested in teeth whitening? Yes No

Do you enjoy conversation during your dental treatment? Yes No

Are you currently happy with the way your teeth look? Yes No

If "no", what would you change?

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