



Today's date \_\_\_\_\_

Patient Number \_\_\_\_\_

1. Do you love the way your smile looks? [ ] Yes [ ] No

2. Do you feel comfortable showing your teeth when you laugh or smile? [ ] Yes [ ] No

3. If you could change anything about your smile, it would be (check all that apply):

- [ ] Color of your teeth [ ] Too much or too little of teeth show when you smile [ ] Gaps between your teeth
[ ] Size/Shape of your teeth [ ] Too much or too little of gum shows when you smile [ ] Alignment of your teeth
[ ] Other: \_\_\_\_\_

4. Do you have (check all that apply):

- [ ] Sensitive or receding gums [ ] Worn/broken/chipped teeth [ ] Old or discolored fillings [ ] Missing teeth
[ ] Old crowns that have dark edges at the top [ ] Other: \_\_\_\_\_

5. In your line of work or lifestyle, do you (check all that apply):

- [ ] Visit businesses or clients [ ] Travel [ ] Speak publicly [ ] Other: \_\_\_\_\_

6. If you had a smile makeover do you think you'd feel (check all that apply):

- [ ] More confident [ ] More optimistic [ ] Healthier
[ ] Just OK [ ] No different [ ] Other: \_\_\_\_\_

7. Do you or someone in your family have issues with any of the following (check all that apply):

- [ ] Chronic bad breath [ ] Grinding teeth [ ] Snoring
[ ] Other: \_\_\_\_\_

We'd like to know more about you so we can better serve you!

8. Do you prefer appointments in the (check all that apply):

- [ ] Early morning [ ] Early afternoon [ ] No preference
[ ] Late morning [ ] Late afternoon [ ] Other: \_\_\_\_\_

9. Do you have any special dates or upcoming events you'd like us to remember? (weddings, graduations, etc.)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

10. What type(s) of music do you enjoy? (check all that apply)

- [ ] Easy Listening [ ] Classical [ ] Rock [ ] Hip-Hop/Rap
[ ] Jazz [ ] Country [ ] R&B [ ] Other: \_\_\_\_\_

11. What are your favorite hobbies or activities?

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

12. Do you have children and grandchildren? If so, please list their names and ages.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

13. Is there anything else that you want our office to know about you that will help us to serve you better?

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_