

Patient Evaluation Form

1. How did you hear about our office?
 - Referred by a friend
 - Directory of dentists provided
 - I saw one of your advertisements
 - Walk by or drive by the practice
2. Date of your last hygiene visit

3. On a scale of 1 to 5 (1 being bad, 5 being good) please rate how you feel your overall dental health is.
1 2 3 4 5
4. On a scale of 1 to 5 (1 being bad, 5 being faithful) over the last ten years rate how faithfully you have had your teeth cleaned?
1 2 3 4 5
5. On a scale of 1 to 5 (1 being not sensitive, 5 being very sensitive) what is your level of sensitivity to dental procedures?
1 2 3 4 5
6. On a scale 1 to 5 (1 being not sensitive, 5 being very sensitive) what is your sensitivity to cleaning visits?
1 2 3 4 5
7. Rate how you feel about your smile and teeth. (1 being unhappy, 5 being very happy)
1 2 3 4 5
8. Are you interested in regular hygiene cleanings?
 - Yes
 - No
9. What is the main reason for your visit today?
 - Tooth Pain
 - I need a check up
 - Cleaning
 - Orthodontics (braces)
 - Whitening
 - Cosmetic Dentistry
 - Sedation Dentistry
 - Other _____
10. I would like to learn more about?
 - Orthodontics
 - Whitening
 - Cosmetic Dentistry
 - Sedation Dentistry
 - Implants
 - Bridges
 - Veneers
 - Dentures
 - Other _____