

Customized Treatment & Presentation Questionnaire



First Name: _____ Last Name: _____ Birthday: _____

Reason for visit: _____ Approximate date of last dental visit: _____

Do you consider yourself to be a Proactive person? Someone who likes to avoid complications. Who'd rather take care of an issue today instead of letting it worsen over time which might cost more time, visits, money and/or pain to fix down the road?

Yes No _____

Do you consider yourself more of a Reactive person? Someone who would rather wait and deal with any issues as they develop. Even if that means costing you more time, visits, money and/or pain to fix down the road? Yes No

If we were sitting here together a year from now, what needs to happen for you to consider our office an excellent choice for you? Examples might be: Being pain free, in great dental health, having whiter teeth, no more silver fillings, cost, etc.

Please write answer below:

What do you value most in a dental office? **Please write answer below.**

Cosmetic - You most value how your teeth look. Want them straight. Want them white.

Function - You most value an ability to enjoy your favorite foods and drinks. Don't want to be limited to just eating on one side or area. No food or drink should be off limits to you.

Comfort - You most value NOT being in pain or having any tooth or gum sensitivities. Example: I can't eat this anymore because it hurts or is sensitive.

Longevity - You most value the ability to have your natural teeth forever. You wish to have the work you have done in the chair to last as long as possible.

What is the most important objection or obstacle you have to visiting a dental office? **Please write answer below.**

No objections or obstacles - I come faithfully every 6 months and value my dental health. Fear-Of pain. Noises. Environment. Past experiences.

Time - Night schedule. Getting appointments to suit your schedule. Not able to take off work, etc. Getting in and out of office quickly.

Have NOT had a sense of urgency - Nothing really hurts so haven't seen need to go to dentist in years or something has been hurting at some level for a while but I've been able to live with it.

Budget - Knew I needed a lot of work, didn't have money to address any issues found.

No Trust - Felt you were told you needed treatment you didn't need. Felt ripped off. Bad previous experience. Didn't give me any data to support treatment they recommended.

When the Dentist or Dental Team Member needs to talk to you about options to restore your dental health (such as crowns, dentures, implants, etc.), do you prefer: **Please write answer below.**

1. A simplified oral explanation and description of dental treatment needed.
2. Both detailed oral and visual explanations which could include video animations demonstrating the procedure recommended and/or photographs of the procedure or photos of other patients' mouths that had similar treatment.
3. Have physical models on hand to hold and feel to aid in visualizing the work needed to be performed.

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

Do you prefer to get any necessary treatment done today, if possible, as getting into the office is a challenge for you? _____