

NEW PATIENT INTERVIEW QUESTIONS

Patient Name: _____

Date: _____

1. It is our pleasure to welcome you to our dental practice, how can we help you today?

2. Are you having any difficulty in eating and chewing the foods you desire? Do you have 1 or more missing teeth and wish for a permanent replacement?

3. Does the overall appearance of your smile, including the shape, size, position, or colour of your teeth bother you? Would you like a whiter smile?

4. Tell me about your past experiences with dentistry. Why did you leave your last or previous office(s)?

5. What has kept you from receiving the best dental treatment in the past?
TIME. MONEY. FEAR. LACK OF INSURANCE.

Referral Source: _____

Patient Chief Complaint:

Phase I Diagnostic Records:

Subjective:

Objective:

Assessment/Diagnosis:

Plan:
