

Patient's Name : _____

We feel it is necessary to develop a rapport with our patients. Many new patients have had a past unpleasant dental experience. It is crucial to us to know and understand your concerns. We are committed to taking the time to get to know you, discuss your concerns, your fears and your dental expectation.

Please place a check mark in the box next to the statement that concerns you or describes your problem.

- I gag easily
- I feel out of control when I lie down for a long time, and I feel uncomfortable about what you will say about my teeth and hygiene.
- Pain relief is a top priority for me.
- I don't like shots (or I've had a bad reaction to shots).
- Please tell me what I need to know about my mouth in order to make an informed decision.
- My teeth are very sensitive.
- I don't like the sound of that tool that makes the picking and scraping noise. It is like someone is scratching fingernails on a blackboard.
- I don't like cotton in my mouth.
- I hate the noise of the drill.
- Please respect my time. I don't want to be left sitting in the reception area.
- I want to know the cost up front.
- I have difficulty listening and remembering what I hear while sitting in a dental chair.
- I have health problems and question that we need to discuss.
- I am interested in conscious sedation (nitrous oxide with oxygen).

Partnership Pact:

I ask that you honestly inform me of all my dental problems. I want you to make me aware of the best quality dentistry available today. Then we can discuss how I can make healthy choices that will work within my budget. I also want to know all the pain relief options available to me, how each dental procedures will work and how much of my time will be required.