



Welcome to our practice! We look forward to having you as a patient and thank you for choosing us for your dental care needs. To help us get to know you, please fill out this short questionnaire.

1. Who can we thank for referring you to our office?

- ☐ Patient: _____
- ☐ Specialist: _____
- ☐ Facebook
- ☐ Google
- ☐ Insurance
- ☐ Drive-by

2. Are you having any specific dental problems or concerns you want to discuss with the Dentist?

- ☐ Discomfort and/or sensitivity
- ☐ Straighter teeth
- ☐ Brighter Smile
- ☐ Interested in cosmetic work
- ☐ Other: _____

3. What is most important to you about your dental health?

4. What qualities are you looking for in a Dentist?

5. What is your preferred method of contact?

- ☐ Phone
- ☐ Email
- ☐ Texting
- ☐ All the above