

We would like to get to know you better!

Boulder Valley Dental Center places a strong emphasis on helping you determine your present and future dental needs. Here are some things we are going to be talking about at your first visit. Some of these questions may raise issues you have never considered. Please tell us what best expresses what you want:

Name: _____

Today's Date: _____

How did you hear about our practice?

What is your primary reason for seeking dental care?

How long has this been going on? _____

Do you want us to limit our treatment to this chief complaint? _____

Do you want a general exam? _____

Are your teeth sensitive to: (please circle)

Cold?	N	Y
Heat?	N	Y
Sweets?	N	Y
Biting Pressure?	N	Y

Does food constantly get stuck between certain teeth? N Y

Do you get frustrated because you always have something to be repaired when you visit a dentist? N Y

Are you dissatisfied with the way your teeth look? (color, shape, spaces, etc) N Y

Are you dissatisfied with your teeth in any way? N Y

Do you have fillings that show in your front teeth? N Y

Do any of your metal fillings show when you smile? N Y

If any of your mercury-silver fillings need replacement, would you prefer to have a more natural, tooth-colored restoration instead? N Y

Would you like whiter teeth? N Y

When was your last dental appointment? _____

What did you have done? _____

How long since your last thorough examination with full mouth x-rays? _____

How healthy do you want us to get your mouth? (circle one)

- a. The best it can be
- b. Average
- c. Just fix the current problem

Should you need treatment, at what point should we address it? (circle one)

- a. When something isn't ideal
- b. When something is worsening
- c. When my tooth hurts or breaks

What quality of dentistry do you want us to recommend? (circle one)

- a. Ideal/The Best
- b. Average
- c. "Just patch it"

Have you had bad dental experiences that you want us to know about? _____

Why did you leave your last dental office?

How did you decide to come to our office?

Has fear ever kept you from regular dental visits? N Y

Are you interested in sedation dentistry? N Y

Has time ever been a factor in getting your dental work done? N Y

Would you like to get treatment done in the fewest number of appointments possible? N Y

Do you have a sensitive gag reflex? N Y

Are you deeply concerned about the finances required to return your mouth to excellent dental health? N Y

Would you like to know about financing options we have available? N Y

Will anyone be involved in helping you decide about treatment recommendations? N Y

Is there any additional information you would like us know? _____