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DENTAL CONCERNS ASSESSMENT (OPTIONAL)

RANK YOUR DENTAL CONCERNS OR ANXIETY OVER THE DENTAL PROCEDURES LISTED BELOW ON THE ACCOMPANYING SCALE. PLEASE FILL IN ANY ADDITIONAL CONCERNS. 1 = LOW CONCERN; 2 = MODERATE CONCERN; 3 = HIGH CONCERN/ANXIETY; 4 = DON'T KNOW

1. SOUND OF THE DRILL	1	2	3	4
2. NOT BEING NUMB ENOUGH	1	2	3	4
3. DISLIKE THE NUMB FEELING	1	2	3	4
4. INJECTION	1	2	3	4
5. "GRIT" DURING CLEANING OF TEETH	1	2	3	4
6. SCRAPING DURING TEETH CLEANING	1	2	3	4
7. IMPRESSIONS OF THE MOUTH	1	2	3	4
8. X-RAYS	1	2	3	4
9. VIBRATIONS OF THE DRILL	1	2	3	4
10. RUBBER DAM	1	2	3	4
11. JAW GETS TIRED	1	2	3	4
12. SMELLS	1	2	3	4
13. NOT ENOUGH INFO ABOUT PROCEDURES	1	2	3	4
14. ROOT CANAL TREATMENT	1	2	3	4
15. EXTRACTION	1	2	3	4
16. PANIC ATTACKS	1	2	3	4
OTHERS				
17. _____	1	2	3	4
18. _____	1	2	3	4