



Keith Rote, DMD

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*“Our promise is to provide you the opportunity for a dental experience that meets or exceeds your expectations in a caring, comfortable, and professional atmosphere. We will provide you preventive care to enhance your smile, improve and maintain your dental function, and help you to prevent future dental problems.”*

*To help us serve your dental needs best, we would like to know more about you. Please take a moment to complete the following questionnaire:*

How did you find out about our office? \_\_\_\_\_

Date and reason for most recent dental visit: \_\_\_\_\_

Last professional cleaning: \_\_\_\_\_ Last full mouth set of x-rays: \_\_\_\_\_

Previous dentist (name/location) \_\_\_\_\_

How often do you usually see your dentist for routine care? \_\_\_\_\_

How often do you brush? \_\_\_\_\_ Floss? \_\_\_\_\_ Use other cleaning aids (type and frequency)? \_\_\_\_\_

What do you expect from your visit today? \_\_\_\_\_

What is most important to you about your dental health? \_\_\_\_\_

Please complete this sentence: *“If I could wave a magic wand and change anything about my teeth or smile, I would \_\_\_\_\_”*

What do you know about periodontal disease? \_\_\_\_\_

What do you know about the connection between oral health and systemic (general) health? \_\_\_\_\_

Are there any foods that you enjoy but cannot eat due to discomfort in your teeth? \_\_\_\_\_

Do you experience any apprehension before or during your dental visits? If so, please explain. \_\_\_\_\_

What quality of dentistry do you want us to focus on at this time? Please check what is applicable:

- A) Patch it     B) Only what is covered by insurance     C) Ideal /best available

Should you be in need of treatment, at what point do you plan to begin treatment? Please circle:

- A) When it hurts     B) When it breaks     C) When recommended in order to prevent further deterioration.

Has “fear” or “cost” ever prevented you from getting the dental treatment you need? Yes \_\_\_ No \_\_\_

Has “fear” or “cost” ever prevented you from getting the dental treatment you want? Yes \_\_\_ No \_\_\_

Interoffice use only

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_