Spring Creek Family Dentistry Dental Concerns Assessment

Patient Name:_____ Date: _____

Dental Concerns

Please rank your concerns or anxiety over the dental procedures listed below by ranking them on the accompanying scale.

Low *Moderate* *High* *Don't know*

- Sound of the drill..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Vibrations of the drill..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Not being numb enough..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Dislike the numb feeling..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Injections..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- 'Grit' during cleaning of teeth..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Scrapping during teeth cleaning..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Impressions of the mouth..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- X-rays..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Rubber dam..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Jaw gets tired..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Smells (specify _____)..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Root canal treatment..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Extraction..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Not enough information about procedures..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Not feeling free to ask questions..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Not being listened to or taken seriously..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Being criticized or put down..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Not being able to stop the dentist..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Not being able to relax in the dental chair..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Fear of being injured..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Panic attacks ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6
- Other: _____ ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 6

Relaxation Aids

Please review this list of relaxation aids and circle the ones you might like to use. The blank spaces are for you to add any additional ideas you might have. We will be able to discuss other aids in more depth, if necessary, when we go over your treatment plan.

- Headphones with radio or CD player
- Mouth props-rests on teeth to relax jaw
- Being able to move saliva ejector
- Explanation of procedures as we work
- Being able to signal or communicate with the dentist
- Sunglasses
- Lip balm applied
- Verbal relaxation techniques
- Anti-anxiety medication/Oral sedation
- Other: _____