JoyDental
PINES

New Patient Interview

Patient's Name: _____ Date: _____

Referred by: _____ Spouse: _____ Children: _____

Doctor's Name: _____ Phone#: _____

1. What would you like to share with us about yourself?

   _____

   _____

2. What would you like to know about our dental practice?

   _____

3. What are your thoughts about going to the dentist? How were your previous experiences?

   _____

4. What dental problems have you had in the past? Currently experiencing?

   _____

   _____

5. What do you like/dislike about your smile?

   _____

6. What are your objectives regarding your mouth?

   _____ Healthy Gums _____ Keeping Natural Teeth _____ Straight Teeth

   _____ White Teeth _____ Pain Free _____ Other

7. Do you ever experience headaches, neck or back pain? _____ Yes. _____ No.

8. To ensure we may serve you personally and comfortably, which of the following are most important to you?

_____On Time (Start to Finish) Ideal appt Day: _____ Time: _____

_____A clear understanding of problem and recommended solutions

_____ To know everything that is going on in your mouth, regardless of severity.

_____ Finishing treatment sooner with longer appointments. _____ Multiple shorter appointments

_____ To be called after your visit to see how you're doing

9. We respect our patient's time; therefore, we do everything we can to work efficiently. We request you honor our time. Can you agree to be on time and give us 48 hr. notice for cancellations? _____ Yes. _____ No.