HAMMOND
AESTHETIC & FAMILY DENTISTRY

WELCOME. WE'RE GLAD YOU'RE HERE!

To better serve you, please take just a couple of minutes to answer the following questions. Thanks!

Please check any of the following problems that apply to you:

- ❍ Sensitivity (hot, cold, or sweet)
  If so, which teeth?

- ❍ Headaches, earaches, neck pain
- ❍ Teeth or fillings breaking
- ❍ Grinding or clenching teeth
- ❍ Bleeding, swollen or irritated gums
- ❍ Loose, tipped, or shifting teeth
- ❍ Bad breath

Do you have, or have you had, any of the following?

- ❍ Dentures
- ❍ Partial dentures
- ❍ Periodontal (gum) treatments

Please share the following approximate dates:

Your last cleaning _____
Last oral cancer screening _____
Last complete x-rays _____

Who was your previous dentist?
Name: _____
City: _____ State: _____
Phone: ( ) _____

What are the most important things to you about your smile and dental health?

If you could whiten your teeth, at a cost that anyone could afford, would you like to?
❍ Yes ❍ No

Do you smoke or use chewing tobacco?
❍ Yes ❍ No
If yes, how much? And, for how long?

If you could change your smile, would you:
(please check all that apply)

- ❍ Make your teeth whiter
- ❍ Make your teeth straighter
- ❍ Close spaces between teeth
- ❍ Replace black metal fillings with tooth-colored
- ❍ restorations
- ❍ Repair chipped teeth
- ❍ Replace missing teeth
- ❍ Replace old crowns that don't match
- ❍ Have a smile makeover

On a 1 to 5 scale, 5 being the highest rating:
(please circle the number that best applies)

How important is your dental health to you?
1 2 3 4 5
How would you rate your current dental health?
1 2 3 4 5
Where do you want your dental health to be?
1 2 3 4 5

Why did you leave your previous dentist?

What is the most important thing to you about your dental visit today?