

Patient Smile Interview Form

Please describe the reason for your consultation today. Are you experiencing any pain or have any specific concerns?

Have you consulted with any other dentist about this? If yes, what was discussed or done?

If you could change just one thing about your front teeth, those we see when you smile:

What would that be?

Do you like the color of your front teeth, are they white enough? No Yes

Do you like the shape of your teeth? No Yes

Do you have spaces in your front teeth that bother you? No Yes

Are your teeth too crowded? No Yes

Do you see dark restorations in your teeth that bother you when you smile? No Yes

Now let's talk about your back teeth, the ones you chew on:

If there was anything you could change about these, what would it be?

Do you have any sensitivity to hot or cold or when you chew? No Yes

Do you have any difficulty chewing? No Yes

Are you missing any teeth? No Yes

Does food get trapped between teeth? No Yes

Your gums aren't something most people think about, but let me ask you this:

Do your gums ever bleed? No Yes

Do you ever experience any sensitivity? No Yes

Do you have a bad odor or taste in your mouth? No Yes

Do you have any recession? No Yes

Do you have removable pieces in your mouth? No Yes

If so, Are they comfortable? No Yes

What are your dental priorities and what would you like us to do for you?
