



THE ASHBROOK CENTER FOR DENTISTRY

Patient Questionnaire

A visit to our offices will likely be considerably different than any other dental visit that you've experienced in the past. We've made it that way by design. Patient satisfaction is our number one goal. To help us achieve this goal we have a number of important questions to ask you that we would like to discuss with you at your first visit.

Please answer how you feel about the following questions:

Do you have any dental concerns at the moment? _____

How do you feel about the present state of health of your mouth? _____

How healthy do you want us to get your mouth?

Don't really care

Average

The best it can be

Tell us about any good dental experiences... _____

And the bad ones... _____

What caused you to leave your last dental office? _____

What would you like to change about your smile? _____

What would it take for us to gain confidence as your dentist and dental team? _____

Do you have any family or friends that already come to our office? _____

What do you already know about our office and what do you expect from us? _____

Has fear ever kept you from going to a dental appointment? _____

Has time ever been a factor in getting your dental work done? _____

Has the cost of dental treatment been a concern for you? _____

What can we do to help you with this? _____

We have the unique ability to look at your mouth from three different perspectives. What combination are you looking for us to be?

A general dentist

A cosmetic dentist

A functional dentist

At what point do you want us to initiate treatment?

When my tooth hurts or breaks

When something is worsening

When something isn't ideal

What quality of dentistry do you want us to recommend?

Just patch it

Average

Ideal / the best

Is there any additional information you would like us to know? _____
