about you

WILLIAM MURDOCH, DDS
GENERAL DENTISTRY

PATIENT NAME **DATE**

1. What brought you to our office today? Are you in any pain or discomfort?

2. What level of relationship do you expect from our office?
☐ Comprehensive care ☐ Treatment of immediate problem/pain

3. How were you referred to our office?
☐ Friend ☐ Internet Search ☐ Social Media ☐ Website ☐ Yellow Pages ☐ Other: _____

4. What is most important to you about your teeth and overall dental health?
☐ Function/Health ☐ Esthetics ☐ Comfort ☐ Teeth are not important to me *Please check all that apply*

5. How would you rate your dental health?
☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Un-savable

6. How many times do you brush per day? _____
How many times do you floss per week? _____
Do your gums bleed? ☐ Yes ☐ No

7. How long has it been since your last cleaning/exam/ and x-rays?
☐ Less than a year ☐ Over a year ☐ Over 2 years ☐ Over 5 years ☐ Not Sure

8. Have you ever had any periodontal disease education and/or treatment? ☐ Yes ☐ No

9. What is your goal for your teeth for the next 10-20 years?

10. Are your teeth sensitive to any of the following?
☐ Hot drinks or food ☐ Cold drinks or food ☐ Sugar/sweets ☐ Hard food

11. Have you ever had a bad experience or complications during dental treatment?