



HI-TECH FAMILY DENTISTRY

Mark R. Morin DDS, PC

PATIENT NAME: Last _____ First _____ Middle _____

What dental care would you like us to provide today? _____

Please fill in the yes or no circle to the following questions.

- YES NO Are you having **PAIN, SWELLING**, or **SORE SPOTS** at this time?
- YES NO Do your **GUMS BLEED**?
- YES NO Have you had **GUM TREATMENTS**?
- YES NO If you **SNORE**, would you like an oral device to help you? _____
- YES NO Do you have **BAD BREATH**?
- YES NO Is this your **FIRST VISIT** to any dentist?
- YES NO Have you had any **COMPLICATIONS** with dental treatment?
- YES NO Have you been treated for **TMJ** (Temporomandibular joint) problems?
- YES NO Do you have **REMOVABLE** dentures or partials? Upper _____ Lower _____
- YES NO Do you have a **FEAR** of Dentistry? If yes, why? _____
- YES NO Do you like your **SMILE**?
- YES NO Have you had a complete set of **X-RAYS** taken in the past 3 years? If yes, where? _____
- YES NO Is your **WATER FLUORIDATED**?
- YES NO Have you visited our web site at www.drморin.com?

When was your last dental visit? _____

In order for us to provide you with the best quality of care, we like to get to know you better. As a provider, all of the following are important to us, however, we would like to know which is most important to you.

- FUNCTION** - Are you having any issues chewing or eating?
- COMFORT** - Are you having any pain or discomfort?
- COSMETIC** - Are you happy with your smile? Interested in whitening?
- LONGEVITY** - Are you interested in the longest lasting treatment?

When considering having treatment done, which of the following would be of a concern to you?

- FEAR** - What kinds of things make you fearful of the dentist?
- TIME** - Is time an issue for you? Do you have a very busy schedule?
- BUDGET** - Are finances a concern for you?
- NO SENSE OF URGENCY** - Do you only come to the dentist when it hurts?
- NO TRUST** - Have you had a bad experience or been told you need treatment you felt you did not need?

What would you say would be the most important quality for you in a relationship with your Dentist?

Patient or Financially Responsible Party

Date