

Dental Patient Goals

Please Handle Me with Care

Please circle the number next to the statements that concern you or describe your situation.

1. I have not been to the dentist in a long time and I feel worried about what you will say about my teeth and my oral hygiene.
2. My teeth are very sensitive.
3. Pain relief is a top priority for me.
4. I'm very anxious about injections.
5. I feel out of control in the dental chair (or I have an extreme problem with lying down)
6. I gag easily.
7. I hate the noise of the dental instruments.
8. I hate the sight and/smell of a dental office.
9. Please tell me about the treatment options and the ways these can be carried out.
10. I need to know that you will stop when I give a pre-agreed "stop" signal during treatment.
11. It would help me if you could explain to me what you are doing and why.
12. I have medical problems that we need to discuss.
13. I am feeling more stress and anxiety in my life now than in the past.
14. There are other issues I'd like to talk about that aren't covered on this form.

Please explain: _____

Goals & Feedback

What would you like to accomplish during your appointment today? _____

Are you pleased with the appearance of your teeth? Yes No

Please explain: _____

Do you like your smile? Yes No

If not, please explain: _____

How can we help improve your teeth and smile? _____

How can we make you feel more comfortable today? _____
