



CUSTOMIZED TREATMENT AND PRESENTATION QUESTIONNAIRE

Patient Name:	
Reason for visit:	Approx. date of last dental visit:

What is your primary concern you'd like us to address today?

Do you consider yourself to be a proactive person? Someone who'd like to avoid complications, and rather take care of an issue today instead of letting it worsen over time—which might cost more time, visits, money, and/or pain to fix down the road?

Yes No _____

Do you consider yourself more of a reactive person? Someone who'd rather wait and deal with any issues as they develop, even if that means costing you more time, visits, money, and/or pain to fix down the road?

Yes No _____

Do you have high dental anxiety or fear when visiting a dental office for treatment? Would you like us to discuss sedation options that can keep you as you'd like to be but also make you remember as little as you want about your visit?

Yes No _____

What do you value most in a dental office? Please **check all that apply**

- Cosmetic** - You most value how your teeth look and want them straight and white
- Function** - You most value an ability to enjoy your favourite foods and drinks and don't want to be limited to just eating on one side or area; no food or drink should be off limits to you
- Cosmetic** - You most value how your teeth look; want them straight and white
- Comfort** - You most value NOT being in pain or having any tooth/gum sensitivities. Example: I can't eat this anymore because it hurts or my teeth are sensitive.
- Longevity** - You most value the ability to have your natural teeth forever; you wish to have the work you have done in the chair to last as long as possible.

What is the most important obstacle you have to visiting a dental office? Please **check all that apply**.

- No objections or obstacles** - I come faithfully every 6 months and value my dental health.
- Fear** - of pain, noises, environment, past experiences
- Time** - difficult getting appointments to suit your schedule, not able to take off work, getting in and out of the office quickly
- Have NOT had a sense of urgency** - Nothing really hurts, so don't see the need to go to dentist in years; or, something has been hurting at some level for a while but I've been able to live with it.
- Budget** - Knew I needed a lot of work but didn't have enough money to address any issues found.
- No trust** - Feel you were told you needed a treatment you didn't need; feel ripped off by a bad previous experience, where your provider didn't give you any data to support treatment they recommended



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When the dentist or a dental team member needs to talk to you about options to restore your dental health (such as crowns, dentures, implants, etc. which method do you prefer? Please **check all that apply**

- A simplified oral explanation and description of the dental treatment needed.
- Both detailed oral and visual explanations which could include video animations demonstrating the procedure recommended and/or photographs of the procedure of other patients' mouths that had similar treatment
- Have physical models on hand to hold and feel to aid in visualizing the work needed to be performed

Do you prefer to break your appointments up into short visits and schedule out over time? Yes No

Do you prefer to get any treatments found to be necessary done today, if possible? Yes No