WHEELOCK & ASSOCIATES DENTISTRY
DR. RYAN BALLER & DR. JORDAN WINELAND

NEW PATIENT QUESTIONNAIRE

Patient Name _____

Did you hear about our office from a friend? ☐ Yes ☐ No If yes, who can we thank?_____

If you didn't hear about our office from a friend, how did you hear about our office?

☐ Phone Book ☐ Television ☐ Radio ☐ Newspaper ☐ Location ☐ Other:_____

What is the reason for today's visit? _____

Chief Dental Complaint_____

Have you had any dental treatment recommended that was not completed? _____

What did you like most about any dentist that you have seen? _____

Why did you leave your last dentist? _____

How long since your last dental visit?_____

What was the nature of your last visit?_____

Have you had any serious trouble associated with any previous dental treatment?_____

What did you like least about any dentist you have seen? _____

If you could wave a magic wand and change one thing about your smile, what would it be?_____

_____

Are you interested in whitening your teeth? _____

If you are completing this form for another person, what is your relationship to that person? _____

EPWORTH SLEEPINESS QUESTIONNAIRE

How likely are you to doze off or fall asleep in the following situations?	No chance	Slight chance	Moderate chance	High chance
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive, in a public space	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
TOTAL				

A score of 10 or greater indicates you may be experiencing a sleep disorder such as sleep apnea. Please discuss these results with your dental provider – there are many options available to help you achieve better sleep and a healthier life!

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