

Please handle me with care

Patient Name

We feel that it is necessary to develop a rapport with our patients. Many patients have had a past unpleasant dental experience. It is crucial to us to know and understand your concerns. We are committed to taking the time to get to know you, discuss your concerns, your fears, and your dental expectations.

Please provide a check mark in the box next to the statement that concerns you or describes your problem.

- I gag easily
- I feel out of control when I am lying down for a long time, and I feel uncomfortable about what you will say about my teeth and dental hygiene.
- Pain relief is a top priority for me.
- I do not like shots (or I have had a bad reaction to the shots)
- Please tell me what I need to know about my mouth in order to make an informed decision.
- My teeth are sensitive.
- I do not like cotton in my mouth.
- I hate the noise of the drill.
- Please respect my time.
- I have difficulty listening and remembering what I hear while sitting in the dental chair.