WESTLAKE SMILE DESIGN

Welcome to Westlake Smile Design

QUESTIONNAIRE

To better understand your dental goals and desires, please fill out this questionnaire.

Your name_____ Date_____

1. What is the reason for your visit? _____

2. How do you think is the current state of your mouth's health? _____

3. What are your current dental concerns? _____

4. What are your long-term dental goals? _____

5. How would you describe the level of dental treatment you have received in the past?

_____

6. Would you like the doctor to explore treatment possibilities that will help keep your teeth & gums healthy throughout your life? ☐Yes ☐No

7. Is the cost of dental treatment a concern for you? ☐Yes ☐No
   If yes, would you like to discuss affordability options such as financing? ☐Yes ☐No

8. Are you dissatisfied with your overall smile? ☐Yes ☐No

9. Are there any old fillings, crowns or bridges that are not esthetic? ☐Yes ☐No

10. Would you like your teeth to be whiter? ☐Yes ☐No

11. Would you like your teeth to be straighter? ☐Yes ☐No

12. If possible, would you change the length, width or shape of your teeth? ☐Yes ☐No

13. Would you like the doctor to explore the possibility of cosmetically enhancing your smile based on the concerns you have indicated above? ☐Yes ☐No

14. If you could change anything else about the appearance of your teeth/smile, what would it be?

_____

15. Are you fearful or anxious when having dental treatment? ☐Very ☐Moderately ☐No

16. Has fear/anxiety ever prevented you from having dental treatment? ☐Yes ☐No

17. Would you like the doctor to discuss relaxation/sedation dentistry with you? ☐Yes ☐No

18. Is there anything else regarding your dental health, appearance or comfort that you would like to share or discuss with the doctor? _____