

**Fletcher Heights Dental Care, PC**  
**New Patient Questionnaire**

In order for us to provide you with exceptional care, we would like to get to know you better. In our office, all of the following are important to us, however, we would like to know which is the most important to ***you***:

- Function (being able to chew/eat)
- Comfort (being out of pain and staying there)
- Cosmetic (how your teeth look, i.e., color, shape, straight)
- Longevity (dentistry that lasts)

When considering having treatment, which of these would be of most concern to you:

- Fear
- Time
- Budget
- Trust
- No sense of urgency

What is the most important quality for you in a relationship with Dr. Prost?

When discussing your individual dental needs, do you prefer a **detailed explanation** or are you more interested in the **bottom line**?

**Clinical Questions:**

1. What about your smile makes you not want to smile or what would you change about your smile if you could? (shade/color, shape, straighter, etc)
  
2. Any areas of pain; hot, cold or sweet sensitivity?
  
3. Have you been told you grind or do you notice that you grind or wake up with headaches? If so do you wear any kind of an appliance?
  
4. Have you ever worn braces? Are you interested in braces?

**For Office Use Only**

Assistant: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_