

HEALTH HISTORY QUESTIONNAIRE

___ Do you consider yourself ___ Proactive or ___ Reactive to dental issues

___ I have not been to a dentist in a long time. I feel worried about what you will say about my teeth and my oral hygiene

___ My teeth are very sensitive

___ Pain relief is a top priority for me

___ I'm very anxious about injections

___ I feel out of control in the dental chair (or I have an extreme problem with lying down)

___ I gag easily

___ I hate the noise of dental instruments

___ I hate the sight and/or smell of a dental office

___ Please tell me about the treatment options and the ways these can be carried out

___ I need to know that you will stop when I give a pre-agreed "stop" signal during treatment

___ It would help me if you could explain to me what you are doing and why

___ I have medical problems that we need to discuss

___ I'm feeling more stress and anxiety in my life now, than in the past

___ There are other issues I'd like to talk about that aren't covered on this form:

What special things can we do in our office to make sure you are feeling cared for:
