Wensleydale Dental

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NEW PATIENT QUESTIONNAIRE

STRICTLY CONFIDENTIAL

Surname:	Title:
Forename:	Date of Birth:

To enable us to personalise your dental care, we would be most grateful if you could answer the following questions

Please tick:	Yes	No
1. Do you have a dental payment plan?	☐	☐
2. Are you aware that you can save money with our maintenance plan?	☐	☐
3. Are you satisfied with your smile?	☐	☐
4. Would you like your teeth to be whiter?	☐	☐
5. Do you have any visible silver (amalgam)? If no, please go to questions 7.	☐	☐
6. Are you aware that we can replace silver fillings with a tooth coloured material?	☐	☐
7. Would you like your teeth to be straighter?	☐	☐
8. Have you heard of Invisalign, the almost invisible braces?	☐	☐
9. Do you suffer from single or partial tooth loss? If no, please go to question 21.	☐	☐
10. Are you missing all of your teeth?	☐	☐
11. Do you avoid certain foods or only chew on one side of your mouth?	☐	☐
12. Are you familiar with dental implants?	☐	☐
13. Do you currently wear dentures? If no, please go to question 17.	☐	☐
14. Do your dentures irritate your gums?	☐	☐
15. Do your dentures move?	☐	☐
16. Have you noticed any change in your facial structure since wearing dentures?	☐	☐
17. Do you currently have a dental bridge? If no, please go to question 21.	☐	☐
18. Are you happy with the appearance of your bridge?	☐	☐
19. Has your bridge ever irritated your gums?	☐	☐
20. Have you ever experienced difficulties cleaning your bridge?	☐	☐
21. Are you aware that we provide facial rejuvenation treatment?	☐	☐
22. Are you satisfied with the appearance of the skin on your face and décolletage?	☐	☐
21. Are you happy for your dental surgeon to discuss your answers with you?	☐	☐

Do you have any concerns that you would like to make your dental surgeon aware of?

Signed: Date: