Erskine Family Dentistry

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PERSONAL DENTAL NEEDS SURVEY

Patient Name: _____ (Last) _____ (First) ____ (MI)

_____ (Preferred Name)

Please choose the importance of each of the following regarding your dental care:

Preventative Dental Health Care

☐ Very Important ☐ Important ☐ Somewhat Important ☐ Not Very Important ☐ Unimportant

Excellence and Quality of Service

☐ Very Important ☐ Important ☐ Somewhat Important ☐ Not Very Important ☐ Unimportant

Freedom from Pain

☐ Very Important ☐ Important ☐ Somewhat Important ☐ Not Very Important ☐ Unimportant

Cost and Affordability

☐ Very Important ☐ Important ☐ Somewhat Important ☐ Not Very Important ☐ Unimportant

How important are the following for a dentist to gain your confidence:

Show me what he/she is doing or needs to do so I can clearly understand what is happening.

☐ Very Important ☐ Important ☐ Somewhat Important ☐ Not Very Important ☐ Unimportant

Listen to my concerns and explain thoroughly the procedures to be performed.

☐ Very Important ☐ Important ☐ Some What Important ☐ Not Very Important ☐ Unimportant

Make sure I feel comfortable and informed at all times.

☐ Very Important ☐ Important ☐ Somewhat Important ☐ Not Very Important ☐ Unimportant

Please Select 1-10, the level of fear you have about your dental visits.

☐ Unafraid 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

☐ 7 ☐ 8 ☐ 9 ☐ 10 Extremely Afraid

I would like to know about the options available to me for maximizing my comfort and my experience during my visit. (Check all that apply)

☐ Music and Earphone ☐ Pillow ☐ Blanket ☐ Anti-Anxiety Medications ☐ Patient Education Materials

Are you concerned about the following? (Check all that apply)

- ☐ Sore Muscles/Headaches
- ☐ Recurring or untreated gum disease
- ☐ Uneven bite
- ☐ Prevention of decay
- ☐ Existing discomfort
- ☐ Mouth odor
- ☐ Whitening your teeth
- ☐ Other
- ☐ Replacing old silver fillings
- ☐ Worn teeth
- ☐ Appearance of my smile

Other _____

Please Choose One. When discussing my treatment plan, I prefer:

◯ The Big Picture ◯ Detail by Detail

Response Date: _____