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Cumberland
FAMILY DENTISTRY
PLLC

PATIENT QUESTIONNAIRE

Patient Name: _____

1. How do you feel about being here today? _____

_____

2. How can we help you? _____

_____

3. What has been your dental experience in the past? _____

_____

4. What concerns you most about your mouth? _____

_____

5. What do you want or expect for your dental health for the rest of your life? _____

_____

6. Is there anything else you would like to tell us that you feel would be important for us to know? _____

_____

Clinical Questions:

1. Are you happy with the appearance of your smile? _____

_____

2. Are you happy with the color and shape of your teeth? _____

_____

3. Do your gums bleed easily? _____

_____

4. Do you have any missing teeth which you feel should be replaced? _____

_____