

Please Handle Me With Care!

Patient Name _____

Please CIRCLE the number next to the statements that concern you or describe your situation.

1. I have not been to the dentist for a long time, and I feel worried about what you will say about my teeth and my oral hygiene.
2. My teeth are very sensitive
3. Pain relief is a top priority for me
4. I'm very anxious about injections
5. I feel out of control in the dental chair (or I have an extreme problem with lying down).
6. I gag easily
7. I hate the noise of dental instruments
8. I hate the sight and/or smell of a dental office
9. Please tell me about the treatment options and the ways these can be carried out.
10. I need to know that you will stop when I give a pre-agreed "stop" signal during treatment.
11. It would help me if you could explain to me what you are doing and why.
12. I have health problems that we need to discuss
13. I am feeling more stress and anxiety in my life now, than in the past
14. There are other issues I'd like to talk about that aren't covered on this form.

15. What special things can we do in our office to make sure you are well cared for?
