

Patient Smile Assessment

Please answer the following questions about your daily routine and your current smile.

Patient Name: _____

1. *Please describe the types of interactions you have with others on a daily basis.*

- ☐ I work in front of large groups of people (such as public speaking or performing).
- ☐ I work in close proximity to others (such as in the health care industry or in sales).
- ☐ Sometimes I interact with groups of people; other times I work more closely with individuals (such as teaching or working in a corporate environment).
- ☐ I do not regularly interact with other people.

2. *All treatment options will require regular and follow-up appointments – some more than others.*

How flexible is your schedule when it comes to scheduling appointments?

- ☐ Very flexible; I manage my own schedule.
- ☐ Somewhat flexible; I can usually squeeze in extra appointments.
- ☐ Not very flexible; I have a hard time escaping my very busy schedule.

3. *Which of the following is most important to you when it comes to teeth-straightening options and improving your smile?*

- ☐ Low cost and/or flexible payment options.
- ☐ Minimal impact on my career and personal life while I'm going through treatment.
- ☐ A treatment plan that involves as little pain as possible.
- ☐ No limitations on what I can eat while I'm going through treatment.
- ☐ A treatment that makes it easy to keep my mouth clean and healthy.

4. *How do you feel about the spacing of your teeth? Are your teeth widely spaced with large gaps? Or are they more crowded?*



Crowded 4 2 0 2 4 Widely spaced

5. *Do you have more of an overbite or an underbite?*



Overbite 4 2 0 2 4 Underbite

For Office Use Only: _____
