

Priory Dental Care New Patient Questionnaire



Welcome to Priory Dental Care. To enable us to offer you the best possible service, and to help us understand your treatment needs, please could you kindly complete the following questionnaire.

Patient Name: _____ **Date of Birth:** _____

1) How long since your last dental visit? _____ years _____ months

2) What is the main reason for your visit today? (please give details below)

3) Are you experiencing any pain or discomfort in your mouth? Yes No
(if answering 'Yes' please give further details below)

4) Do your teeth allow you to eat an unrestricted diet? Yes No
(if answering 'No' please give further details below)

5) How do you feel about the appearance of your teeth? Satisfied Dissatisfied
(if answering 'Dissatisfied' please give further details below)

6) Have you ever had any problems with dental treatment? Yes No
(if answering 'Yes' please give further details below)

7) Are you looking for regular dental care, or just a one-off treatment? Regular One-off

8) Are you interested in joining our dental payment plan (Denplan)? Yes No

9) Is there anything else you wish to tell us? (please give details below)