

Patient Smile Evaluation

Patient Name: _____ **Date:** _____

Our goal is to make this the most pleasant dental experience for you. We strive to provide comprehensive and affordable dental services. To aid in our diagnosis and treatment of your esthetic concerns, please take a moment and answer the following questions. The more information that we have, the better we can determine the treatment that is best and most affordable for you!

- What is/was your occupation? _____
- Who may we thank for referring you to BayView Dental? (Name/Address/Phone)

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- What is the primary concern/reason for your visit? _____
 - Have you had a negative dental experience in the past? If YES, please tell us about it?

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| • Do you dislike the color of your teeth? | YES | NO |
| • Do you have spaces between your teeth that bother you? | YES | NO |
| • Do you have chips or uneven edges on your teeth? | YES | NO |
| • Do you feel that your teeth are too long or too short? | YES | NO |
| • Do you have dark fillings, existing crowns or dental work you consider "ugly"? | YES | NO |
| • Do your gums show too much when you smile? | YES | NO |
| • Has anyone (family member, friend, etc.) ever suggested that you should have something done with your teeth or smile? | YES | NO |
| • Are you self conscious of your teeth or avoid smiling in photos? | YES | NO |
| • Have you used Smile Direct or any "self service" orthodontic appliance. If YES, which? | YES | NO |
| • Do you use a night guard, snore appliance or sleep appliance? If YES, which? | YES | NO |
| • Do you use a Vape, E-cig or any other smokeless tobacco device? | YES | NO |
| • Would you like to improve your existing smile? If YES, please provide detail | YES | NO |

Have you been diagnosed with any of the following disorders:

- Depression
- Anxiety
- Sleep Apnea
- Food Allergy
- Other Allergy

Which of the following are concerns you have regarding dental treatment to improve your smile:

- Fear of treatment
- Time of treatment concerns
- Financial Concerns
- Distance to office
- Not understanding treatment
- Embarrassment
- Other: _____