

Jane L. Dodson DDS & Assoc.  
**INITIAL CLINICAL INTERVIEW**

Patient Name:	Date:
Likes to be called:	
Date of Last Dental Visit:	
Date of Last Cleaning:	
Date of Last Full Mouth Series:	

1. Have you ever heard of Periodontal Disease (Gum Disease or Pyhorrea)?

YES NO

a) If yes, what do you know about it? \_\_\_\_\_

\_\_\_\_\_

2. What do you expect from our office? \_\_\_\_\_

3. What did you like best about your previous dentist? \_\_\_\_\_

\_\_\_\_\_

4. What did you like least about your previous dentist? \_\_\_\_\_

\_\_\_\_\_

5. How long do you want to keep your teeth? \_\_\_\_\_

6. Do you want the very best dentistry we can offer, or do you want to just get by?

\_\_\_\_\_

7. If we find something that needs done in your mouth, do you want all of the details about it or an overview?

Details Overview

8. How do you know when a dentist is good at what he/she does? \_\_\_\_\_

\_\_\_\_\_

9. When there is something to be done, do you tend to wait until a problem arises, or do you prefer to handle it before it is a crisis?

Wait Handle it