



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please help us to personalize your care to meet your expectations by indicating your preferences or opinion below. Please place an x on the dotted line closer to one of the two statements indicating your preference.

I prefer to use conventional dental products (Fluoride, Antiseptics)	----- ----- ----- ----- ----- -----	I prefer lifestyle changes and natural means to manage my dental health
I am open to any means necessary to find potential problems and infections	----- ----- ----- ----- ----- -----	I have reservations about the use of dental x-rays
I am primarily concerned only with what affects my mouth	----- ----- ----- ----- ----- -----	I am concerned about the health of my mouth as it relates to my entire body
I want to use the strongest materials possible to repair my teeth	----- ----- ----- ----- ----- -----	I want to use the materials that have the least impact on my overall health
I prefer to treat disease as breakdown occurs	----- ----- ----- ----- ----- -----	I prefer to address the causes of disease to prevent its occurrence
I prefer an authoritarian doctor / hygienist who tells me what I need	----- ----- ----- ----- ----- -----	I prefer a consultative Dr/Hyg who empowers me to make my own choices
I prefer long lasting solutions that may cost more	----- ----- ----- ----- ----- -----	I prefer more temporary solutions at lower cost
My insurance largely dictates the extent of my care	----- ----- ----- ----- ----- -----	I largely determine the extent of my care
I have no fear or anxiety associated with dental treatment	----- ----- ----- ----- ----- -----	I have significant fear or anxiety associated with dental treatment

In order of importance, I consider the following benefits of dental health. (Please rank 1 through 7)

_____ Comfort	_____ Health	_____ Longevity	_____ Other
_____ Function	_____ Appearance	_____ Peace of Mind	

Comments:

  
  
  
  

For Office Use Only