

Name: _____

Patient Comfort Intake

Dear patient,

Your comfort and relaxation while in our care are our top priority. Please answer these few simple questions about your dental preferences and experiences so we can get to know you.

Which feeling BEST describes you?:

- ☐ **Comfortable:** I feel great and even enjoy going to the dentist
- ☐ **Fine:** I don't have strong feelings either way about going to the dentist
- ☐ **Anxious:** I don't enjoy dental visits but they are important so I push through
- ☐ **Fearful:** I put off important dental work because of fear and avoid it unless I have to
- ☐ **Phobic:** I do whatever I can to avoid the dentist, to the detriment of my health

When it comes to my oral health needs and procedures I'd prefer:

- ☐ Detailed explanations in clinical terms
- ☐ General descriptions in simple terms
- ☐ More work done in less visits
- ☐ Limited work done in more visits

My dental experiences growing up were:

- ☐ Completely comfortable and pain-free
- ☐ Somewhat uncomfortable
- ☐ Painful
- ☐ Traumatic

Which of these (if any) apply to you?:

- ☐ I have concerns about possible discomfort
- ☐ The sound of the dental drill bothers me
- ☐ Needles make me uncomfortable
- ☐ Dental instruments make me nervous
- ☐ I don't like feeling numb afterwards
- ☐ I'm concerned about my tooth sensitivity
- ☐ I don't normally have concerns at the dentist
- ☐ I have a sensitive gag reflex
- ☐ I have lots of questions

My immediate concerns about my oral health, teeth and smile are:

Please circle below any complimentary amenities you'd like to enjoy during your visits:

Headphones

Neck Pillow

Knee Pillow

Eye Mask

Blanket

If there is anything we can do to make your visit more comfortable and enjoyable, please let us know

Welcome to the family!