

# NEW PATIENT INTERVIEW

Who can we thank for referring you to our office? \_\_\_\_\_

How did you choose our office for your dental care? \_\_\_\_\_

Chief complaint: Why are you here today? \_\_\_\_\_

\_\_\_\_\_

If you could change your teeth in any way, what would the change be? \_\_\_\_\_

\_\_\_\_\_

When was your last dental appointment? \_\_\_\_\_ Was it a complete dental exam? \_\_\_\_\_ Did it include x-rays? \_\_\_\_\_ What dental treatment did you receive? \_\_\_\_\_

Have you had your teeth cleaned regularly? \_\_\_\_\_ At what interval? \_\_\_\_\_

Would you like to keep your natural teeth? \_\_\_\_\_

Have you been instructed in proper brushing and flossing techniques? \_\_\_\_\_

Are you teeth sensitive to?:

Heat \_\_\_\_\_

Cold \_\_\_\_\_

Sweets \_\_\_\_\_

Biting Pressure \_\_\_\_\_

Do you chew more on one side? \_\_\_\_\_ Which side? \_\_\_\_\_

Do you clench or grind your teeth? \_\_\_\_\_ Do any teeth feel loose? \_\_\_\_\_

Do you have any food traps? \_\_\_\_\_ Have you ever worn a night guard? \_\_\_\_\_

Do your gums swell? \_\_\_\_\_ Do your gums bleed? \_\_\_\_\_

Have you ever experienced any problems with local anesthetic? \_\_\_\_\_

**DRS. WARREN & HARDEE**  
**3467 NORTH MAIN ST.**  
**FARMVILLE, NC 27828**  
**(252) 753-5516**