

PROGRESSIVE DENTAL ARTS

Theresa Pham, DDS

PURPOSE: The purpose of this interview is to learn more about you and to give you all the information you will need to make informed decisions regarding your dental health.

Patient Name: _____

Date: _____

E-Mail: _____

(E-mail for office use only appointment reminders, Office Updates, Dental Info/Education and special offers and coupons)

What would you like to know about the practice or Dr Pham?

What motivated you to make an appointment with us? Are you having any pain or discomfort?

1. Would you like to hear about financing options? (yes) (no)
2. Would you like to replace silver-mercury fillings? (yes) (no)
3. Do your gums bleed when you Brush and/or Floss? (yes) (no)
4. Please rate the following on a scale of 1 to 10 (10 being highest):
 - a. How would you rate your overall oral/dental health? 1 2 3 4 5 6 7 8 9 10
Where would you like it to be? 1 2 3 4 5 6 7 8 9 10
 - b. How would you rate the appearance of your smile? 1 2 3 4 5 6 7 8 9 10
Where would you like it to be? 1 2 3 4 5 6 7 8 9 10
 - c. How important is staying within your insurance annual plan maximum? 1 2 3 4 5 6 7 8 9 10
What level of health do you think your insurance pays for? 1 2 3 4 5 6 7 8 9 10
5. Are you looking for: * long-term solutions to problems or * short-term patchwork solutions?
6. Are there any concerns that would prevent you from going through with treatment?
If yes, list: _____ (yes) (no)

7. What are your objectives regarding your dental health?

Pain Free

Retaining my Natural Teeth that last a Lifetime

Bright, White Smile

Straight Teeth

Healthy Gums

Handle the Problem Correctly the First Time

Fresh Breath

Other _____

8. What is the most convenient method of payment for you?

Cash

Check

Credit Card (American Express, Visa, MasterCard, Discover)

9. What do you like/dislike about your smile? (Are your teeth the way you would like them to be?)
