

Richard E. Kent, DDS
2100 Garden Rd. Ste. K.
Monterey, CA 93940

DENTAL QUESTIONNAIRE

Honest answers to the following questions will allow Dr. Kent to address your dental concerns and provide the most appropriate care for your particular needs. Your answers are for our records and are considered confidential.

PATIENT NAME: _____ DATE: _____

These are the things that are important to me about my Dental Health: (Circle the answer)

1. My mouth is: very comfortable moderately comfortable uncomfortable

2. A) I like the appearance of my mouth/smile/preserve it as it looks
 B) I am satisfied with the appearance of my mouth/open to some changes
 C) I am dissatisfied with the appearance of my mouth/advice me of my options

3. A) I will do anything to keep my natural teeth
 B) I want to keep my teeth, but have a budget of time and money
 C) I don't care whether I keep my teeth or not

4. A) I have always done the best that was recommended for my dental health
 B) I have not done what dentists have recommended
 C) I rarely go to the dentist and do not usually complete recommended treatment

5. I think my present state of dental health is: EXCELLENT GOOD FAIR POOR

6. I aspire to a mouth with: EXCELLENT GOOD FAIR POOR

7. Have you had any serious trouble associated with previous dentistry? YES NO

If yes, please explain _____

8. How long do you want to keep your teeth? _____

9. Does dental treatment make you nervous? NO SLIGHTLY MODERATELY EXTREMELY

10. I've undergone the following treatment:

Fillings Crowns Root Canal Extractions Periodontal surgery Orthodontics

11. Has your dental care been: REGULAR INTERMITTENT INFREQUENT

12. When was your last cleaning? _____ How often per year? _____

