

New Patient Questionnaire

Patient Name: _____ Date: _____

Dental Sensitivity

Are your teeth sensitive to cold?	Y	N
Are your teeth sensitive to hot?	Y	N

Clenching and Grinding

Do you ever wake up with headaches?	Y	N
Do you grind your teeth?	Y	N
Do you clench your teeth when you work or exercise?	Y	N

Oral Cancer Risk Assessment

Are you a female over the age of 18?	Y	N
History of cigarette/cigar use	Y	N
History of chewing tobacco use	Y	N

If you checked Y to any of the above cancer risks you would benefit from the Identafi oral cancer screening.

This screening test goes beyond the regular visual and tactile exam.

The fee for this screening test is \$30.00 it is not usually covered by dental insurance.

I would like to have the screening test today	Y	N
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Sports Dentistry

Do you play contact sports?	Y	N
Do you lift weights or other strenuous workout?	Y	N

Proform™ Custom athletic mouth guards are available here (\$80.00)

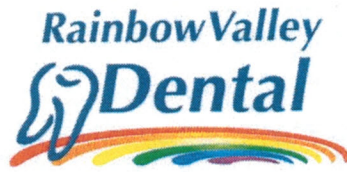
Esthetics

Are you happy with the appearance of your teeth?	Y	N
Would you like to know about whitening options?	Y	N
Are you interested in straightening your teeth?	Y	N

We offer dental whitening options and ClearCorrect invisible braces - ask us if they are right for you.

Feel free to tell us any other specific dental concern you may have, we are here to provide you with care personalized for your needs and concerns.

If your group or organization is in need of a speaker on an oral health topic, please feel free to contact us at rainbowvalleydental@gmail.com



How did you hear about us? (check as many as apply)

Referred by someone

Who may we thank for referring you?

_____ Relationship _____

Website

Google

Saw the sign

Facebook

ValPak

Community Courier

Church Bulletin

CoatesvilleTimes.com

Chescotimes.com

Community Presentation

Where did you see us? _____

Valley Day

Insurance Company

Care Credit

Other _____

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