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DENTAL CONCERNS

WHAT CAN WE DO TO MAKE YOU FEEL MORE AT HOME?

WOULD YOU LIKE TO BE REMINDED OF YOUR APPOINTMENTS?
WOULD YOU LIKE FRESH COFFEE WHEN YOU ARRIVE?
WOULD YOU LIKE A PERSONAL WALKMAN OR CD PLAYER TO LISTEN TO?
WILL YOU NEED BLANKETS TO HELP WITH THE TEMPERATURE?
WILL YOU NEED A PILLOW TO SUPPORT YOUR NECK?
WOULD YOU LIKE SUNGLASSES TO WEAR DURING YOUR APPOINTMENT?
ANYTHING WE HAVE NOT THOUGHT OF? _____

WHAT DID YOU NOT LIKE ABOUT YOUR PAST DENTAL EXPERIENCES?

WAS THE TREATMENT UNCOMFORTABLE?
WAS THE STAFF UNFRIENDLY?
WERE THE FEES NOT EXPLAINED BEFORE YOUR APPOINTMENT?
ANYTHING WE HAVE NOT THOUGHT OF? _____
NOTHING, EVERYTHING WAS FINE☺

WHAT ARE YOUR FEELINGS ABOUT YOUR:

FRONT TEETH

ARE YOU HAPPY WITH THEIR COLOR?	YES	NO
ARE YOU HAPPY WITH THEIR LENGTH?	YES	NO
ARE THEY CROWNED OR CROOKED?	YES	NO
*ARE BRACES AN OPTION?	YES	NO
DOES YOUR SMILE'S APPEARANCE MAKE YOU SELF CONSCIOUS?	YES	NO
ANYTHING ABOUT YOUR FRONT TEETH YOU WOULD CHANGE?	YES	NO

BACK TEETH

ARE THEY SENSITIVE TO HOT OR COLD FOODS?	YES	NO
DO THEY TRAP FOOD WHEN YOU EAT?	YES	NO
ANYTHING ABOUT THEM YOU WOULD CHANGE?	YES	NO

GUMS

DO THEY EVER BLEED?	YES	NO
*ARE YOU SEEING A PERIODONTIST?	YES	NO
WHO: _____		
ARE THEY SENSITIVE?	YES	NO
DO YOU HAVE BAD BREATH?	YES	NO
ANYTHING ABOUT YOUR GUMS YOU WOULD CHANGE?	YES	NO

MISSING TEETH

DO YOU HAVE ANY MISSING TEETH?	YES	NO
ARE YOU WEARING A REPLACEMENT?	YES	NO
IS YOUR DENTURE OR PARTIAL COMFORTABLE?	YES	NO
DO THE MISSING TEETH MAKE YOU FEEL SELF CONSCIOUS?	YES	NO