Nixa Smiles Dentistry
Patient Smile Interview

With your permission, we'd like to ask you a few questions about your smile. Would that be all right?

What brought you in today? Are you experiencing any pain or have any specific concerns?

_____

If you could change one thing about your **front teeth**, what would it be?

_____

Would you like them to be whiter?	❑ No	❑ Yes
Do you like the way they are shaped?	❑ No	❑ Yes
Are your front teeth as straight as you'd like them to be?	❑ No	❑ Yes
Are you satisfied with their overall appearance?	❑ No	❑ Yes
Is there anything else you'd like to change about them?	❑ No	❑ Yes

If there was anything you could change about the **back teeth**, what would it be?

_____

Do you have any sensitivity to hot or cold when you chew?	❑ No	❑ Yes
Do you have any difficulty chewing?	❑ No	❑ Yes
Are you missing any teeth?	❑ No	❑ Yes
Does food get trapped and annoy you?	❑ No	❑ Yes
Is there anything in the back that you'd like us to look at?	❑ No	❑ Yes

_____

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Your **gums** aren't something most people think about, but let me ask you this:

Do your gums ever bleed?	❑ No	❑ Yes
Do you ever experience any sensitivity?	❑ No	❑ Yes
Are you concerned about bad breath?	❑ No	❑ Yes

Do you have removable pieces in your mouth?	❑ No	❑ Yes
Are they comfortable?	❑ No	❑ Yes

Does you jaw hurt or pop?	❑ No	❑ Yes
Do you have frequent headaches?	❑ No	❑ Yes
Do you grind your teeth?	❑ No	❑ Yes

Do you have Dental Anxiety?	❑ No	❑ Yes

Circle one: None, Mild, Moderate, Severe

Are you interested in Dental Sedation?	❑ No	❑ Yes