



**matt mcgee, DDS, PC**  
FAMILY & COSMETIC DENTISTRY

## welcome. we're glad you're here!

To better serve you, please take just a couple of minutes to answer the following questions.  
Thanks!

### Please check any of the following problems that apply to you:

- Sensitivity (hot, cold, or sweet)  
If so, which teeth?
- Headaches, earaches, neck pain
- Teeth or fillings breaking
- Grinding or clenching teeth
- Bleeding, swollen or irritated gums
- Loose, tipped, or shifting teeth
- Bad breath

### Do you have, or have you had, any of the following?

- Dentures
- Partial dentures
- Periodontal (gum) treatments

### Please share the following approximate dates:

Your last cleaning \_\_\_\_\_

Last oral cancer screening \_\_\_\_\_

Last complete x-rays \_\_\_\_\_

### Who was your previous dentist?

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

### What are the most important things to you about your smile and dental health?

### If you could whiten your teeth, at a cost that anyone could afford, would you like to?

- Yes  No

### Do you smoke or use chewing tobacco?

- Yes  No

If yes, how much? And, for how long?

### If you could change your smile, would you: (please check all that apply)

- Make your teeth whiter
- Make your teeth straighter
- Close spaces between teeth
- Replace black metal fillings with tooth-colored restorations
- Repair chipped teeth
- Replace missing teeth
- Replace old crowns that don't match
- Have a smile makeover

### On a 1 to 5 scale, 5 being the highest rating: (please circle the number that best applies)

How important is your dental health to you?

1      2      3      4      5

How would you rate your current dental health?

1      2      3      4      5

Where do you want your dental health to be?

1      2      3      4      5

### Why did you leave your previous dentist?

### What is the most important thing to you about your dental visit today?