



Welcome to Westlake Smile Design

QUESTIONNAIRE

Thank you for choosing us to serve you. In order to get a better understanding of what your dental needs & desires are, please take a moment to fill out this questionnaire.

Your name _____ Date _____

What are your current dental concerns?

What are your long-term dental goals?

How would you describe the level of dental treatment you have received in the past?

If you know, what was the condition of your biological parents' oral health?

Have you ever had a tooth crack or need a root canal? Yes No

Are you aware of any present or past periodontal ("gum") problems? Yes No

Would you like the doctor to explore treatment possibilities that will help keep your teeth & gums healthy throughout your life? Yes No

Ideally, how would you like your smile to look?

Are you dissatisfied with your overall smile? Yes No

Are there any old fillings, crowns or bridges that are not esthetic? Yes No

Would you like your teeth to be whiter? Yes No

Would you like your teeth to be straighter? Yes No

If possible, would you change the length, width or shape of your teeth? Yes No

If you could change anything else about the appearance of your teeth/smile, what would it be?

Would you like the doctor to explore the possibility of cosmetically enhancing your smile based on the concerns you have indicated above? Yes No

Are you uncomfortable when having dental treatment? No Moderately Very

Would you like the doctor to discuss relaxation dentistry options with you? Yes No

Is there anything else regarding your dental health, appearance or comfort that you would like to share or discuss with the doctor?
