

NEW PATIENT QUESTIONNAIRE

STRICTLY CONFIDENTIAL

Patient name:	Dob:	Occupation:
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Dear Patient,

At GK Dental, we would like to take the time to understand how to treat you in the way you want. The questions below are designed to help us provide a service tailored to you.

PREVIOUS DENTAL EXPERIENCE:

When was the last time you visited the dentist?				
Are you currently in any dental pain? If yes, please elaborate				
Is there a specific treatment you would like? Eg. Whitening/Invisalign etc				
Do your gums bleed when you brush or floss?	Yes		No	
Do you think you might clench or grind your teeth?	Yes		No	
Do you believe you have bad breath or an unpleasant taste in your mouth?	Yes		No	
Do you have dental insurance?	prefer not to say		Yes	No

WE HIGHLY RECOMMEND OUR PATIENTS TO HAVE REGULAR HYGIENE APPOINTMENTS TO PREVENT GUM DISEASE AND OTHER DENTAL PROBLEMS.

Would you be interested in receiving a private tailored hygiene programme?	Yes		No	
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TREATMENTS FOR YOU:

Please tick any of the treatments that may interest you:

Whitening	<input type="checkbox"/>	New Dentures	<input type="checkbox"/>
Straightening teeth	<input type="checkbox"/>	Implants	<input type="checkbox"/>
Composite bonding	<input type="checkbox"/>	Bridges	<input type="checkbox"/>
Replacing Silver Fillings with white	<input type="checkbox"/>		

What is more important to you:

Price	<input type="checkbox"/>	Appointment availability	<input type="checkbox"/>
Level of service	<input type="checkbox"/>	Running on time	<input type="checkbox"/>

How did you hear about us?

Word of mouth Passing by Google/Social media

Other (please state):

PLEASE NOTE:

TO PROVIDE THE BEST SERVICE POSSIBLE TO OUR PATIENTS WE OPERATE ON A STRICT 48 HOUR CANCELLATION POLICY. PATIENTS THAT LATE CANCEL OR FAIL TO ATTEND WILL BE CHARGED AND POSSIBLY DEREGISTERED FROM THE PRACTICE.

We require all balances to be cleared at each appointment in order to operate at a high level.

SIGNATURE: _____

DATE: _____

THANKYOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.

WE VERY MUCH VALUE FEEDBACK ABOUT OUR SERVICES SO PLEASE FEEL FREE TO COMMENT AT RECEPTION OR PROVIDE SUGGESTIONS IN OUR SUGGESTION BOX.