

Cliffside Dental

Your Dental Assessment

This could be the most important dental visit of your life. Here's why: at Cliffside Dental, we provide complete care for you with of goal of minimizing the amount of time you will need to spend in a dental chair – for the rest of your life. We can do this by helping you determine your current - *and* your future dental needs. Here are some things we are going to be talking about at your first visit. A few of these items might be topics that you have never considered with regard to your dentistry.

Are you currently concerned with any specific area or condition in your mouth?

In your opinion, what is the present state of the health of your mouth?

Please name any family or friends that are already clients of Dr. Meyer:

What do you already know about our office and what are your expectations?

Please circle what best expresses how you feel about the following questions:

How healthy would you like for your mouth to be if you were to complete care here?
I don't really care. Average. Ideal/The best it can be.

Should you need treatment, at what point should we address it?
When my tooth hurts/breaks. When something worsens. When something isn't ideal.

What quality of dentistry do you want to receive?
A patch or quick repair. Average. Ideal/The best.

Dr. Meyer has the ability to look at your mouth from 3 different perspectives.
In what order shall he address your needs? (Please number your preferred order 1-3.)
___ As a general dentist. ___ As a cosmetic dentist. ___ As a functional dentist.

How do you feel about the appearance of your face and smile?

What would it take for you to trust us to be your dental provider?

Tell us about your good dental experiences... _____

And the bad ones... _____

Has fear ever been an issue for you in a dental office? _____

What caused you to leave your last dental office? _____

Has time ever been a factor in having your dental work done? _____

Has the cost of dental treatment been a concern for you? _____

What can we do to help you with this? _____

Does food pack or catch between your teeth? _____

Does floss shred when you use it? _____

Are any of your teeth loose? _____

Do you clench your teeth? _____

Do your gums bleed? _____

Have you ever had sensitivity to latex? _____

Do you or have you been grinding your teeth? _____

Does your breath concern you? _____

Do you have sensitive teeth? _____

Have you had braces or orthodontic treatment?

When? _____ Dr.'s Name _____

Is there any additional information that you would like for us to know about?

