

# David C. Wood

Family and Cosmetic Dentistry

## New Patient Communication Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

What is your primary concern, and reason for seeing us today?

\_\_\_\_\_

When was your last cleaning or dental visit?

\_\_\_\_\_

Additional Questions:

	Y	N
Do you have any pain or hypersensitivity?		
Do you currently brush 2x daily?		
Do you currently floss 1x daily?		
Do your gums bleed during regular brushing or flossing?		
Do you currently use an electric toothbrush?		
Would you like more information about the Sonicare brand of electric brushes?		
Do you use whitening products (Pastes, gels, strips, etc.)?		
Do you receive regular 6-month cleanings?		
Do you receive fluoride treatment with your cleanings?		
Do you have any cosmetic concerns with your teeth or smile?		

If so, please list the top 3 things you would change about your smile!

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_