

Wheelock and Associates Dentistry
NEW PATIENT QUESTIONNAIRE

Patient Name _____

Did you hear about our office from a Friend? Yes No

If yes, who can we thank for inviting you to our office? _____

If you didn't hear about our office from a friend, how did you hear about our office? (Please circle one)

Phone Book

Television

Radio

Newspaper

Location

Other: _____

What is the reason for today's visit? _____

Chief Dental
Complaint _____

Have you had any dental treatment recommended that was not completed? _____

What did you like most about any dentist that you have seen? _____

Why did you leave your last dentist? _____

How long since your last dental visit? _____

What was the nature of your last visit? _____

Have you had any serious trouble associated with any previous dental treatment? _____

What did you like least about any dentist you have seen? _____

If you could wave a magic wand and change one thing about your smile, what would it be? _____

Are you interested in whitening your teeth? _____

If you are completing this form for another person, what is your relationship to that person? _____