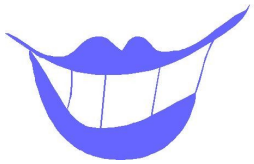

Carolina Dental Arts

New Patient Interview

Patient Name: _____

Please tell us:

1. What is your current age? _____

2. What is your profession: (optional) _____

   What are your interests/hobbies outside work? _____
   _____

3. What do you hope to have accomplished in today's appointment?
   _____
   _____

4. Date of your last visit to the dentist: _____

5. Date of your most recent x-rays: _____

6. How many times per day do you brush your teeth? _____

7. How often do you floss: _____

8. Are you interested in whitening your teeth? Yes No

9. Are you interested in replacing your old metal fillings with more aesthetic tooth-colored fillings? Yes No

10. How did you hear about our office? _____

    If an existing patient referred you, please provide their name so that we may properly thank them. _____

11. Please provide us with any additional information that may make your visits with us more enjoyable: _____
    _____

Thank you for providing this information. We greatly value your opinions, so please feel free to offer additional information, suggestions or concerns at any time.