

Date:	
Name:	
Called By:	

1.	Last dental visit?	
2.	What brings you to our office?	
3.	How did you hear about us?	
4.	Any concerns or future expectations?	
5.	Any past experiences?	
6.	Is there anything you would like to improve your smile?	
7.	Are you concerned with breath odor?	
8.	Do you snore?	
9.	Blood pressure?	
10.	E-mail address?	
11.	Confirm appointments?	