

New Patient Questionnaire

William J. Biggins D.M.D. & Associates

Date:	
Name:	
Called By:	

1.	When was your 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 about breath odor?
8.	Do you snore?
9.	Do you have blood pressure issues?
10.	Can we have your email address?
11.	Would you like to have your appointments confirmed by email or phone?