HORIZON DENTAL CARE
John Evanish, III, DDS and Associates

Patient Questionnaire

In order to provide you with the best care possible, we'd like to learn more about you and your specific needs and goals. Please take a moment to answer the following questions as completely as you can.

Patient Name: _____ Date: _____
(Please Print)

What brings you in to our office today?

Is there anything about any dental experiences you have had in the past that you would like us to be aware of?

Is there anything about your teeth or smile you would change if you could?

What may have prevented you in the past from having any of these issues taken care of?

Which value is *most* important to you?

- ◯ **Cosmetic** *(How does my smile look?)*
- ◯ **Function** *(Do my teeth function properly? Can I chew and speak?)*
- ◯ **Comfort** *(Am I in Pain?)*
- ◯ **Longevity** *(Am I interested in saving my teeth for as long as possible?)*