Welcome. We're glad you're here.

To better serve you, please take just a couple of minutes to answer the following questions. Thanks!

Hereford Dental Health
Craig Longenecker DDS

Please check any of the following problems that apply to you:

✓

❍ Sensitivity (hot, cold, or sweet)
If so, which teeth?

❍ Headaches, earaches, neck pain
❍ Teeth or fillings breaking
❍ Grinding or clenching teeth
❍ Bleeding, swollen, or irritated gums
❍ Loose, tipped, or shifting teeth
❍ Bad breath

Do you have or have you had any of the following?

❍ Dentures
❍ Partial dentures
❍ Periodontal (gum) treatments

Please share the following approximate dates:

Your last cleaning _____

Your last oral cancer screening _____

Your last complete x-rays _____

Who was your previous dentist?

Name: _____

City: _____ State: _____

Phone: _____

What is the most important things to you about your smile and dental health?

If you could whiten your teeth, at a cost that anyone could afford, would you like to?

Do you smoke or use chewing tobacco?

❍ Yes ❍ No
If yes, how much? And, for how long?

If you could change your smile, would you:
(please check all that apply)

❍ Make your teeth whiter
❍ Make your teeth straighter
❍ Close spaces between teeth
❍ Replace black metal fillings with tooth-colored restorations
❍ Repair chipped teeth
❍ Replace missing teeth
❍ Replace old crowns that don't match
❍ Have a smile makeover

On a scale of 1 to 5, with 5 being the highest rating:
(please circle the number that best applies)

How important is your dental health to you?
1 2 3 4 5

How would you rate your current dental health?
1 2 3 4 5

Where do you want your dental health to be?
1 2 3 4 5

Why did you leave your previous dentist?

What is the most important thing to you about your dental visit today?

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