



Cuckfield

DENTAL PRACTICE

NEW PATIENT QUESTIONNAIRE

Surname:.....

First name/s:.....

Title:.....

To help us understand your needs and expectations please take a few moments to answer the following questions. Please use black ink.

Please bring this with you when you attend your first appointment.

How can we help you?

What has prompted you to come and see us?

Are you having any problems that need attending to urgently, such as pain or difficulty chewing?

YES / NO

On a scale of 0-10 how happy are you with the appearance of your teeth, where 10 is very happy and 0 is very unhappy?

01 / 02 / 03 / 04 / 05 / 06 / 07 / 08 / 09 / 10

When was your last dental visit?.....

Are you at all nervous about seeing a dentist?.....

Further information that, at this stage, would help plan your treatment?
.....

Date:.....

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