



# 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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