

## CONCERNS QUESTIONNAIRE

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

The following questions are designed to help us understand what you want to achieve from orthodontic treatment.

MY CHIEF CONCERNS ARE: \_\_\_\_\_

CHECK ALL STATEMENTS BELOW THAT APPLY TO THE PATIENT.

The Teeth:

- There are spaces between the teeth that I do not like.
- The teeth are crooked and overlapping.
- The teeth stick out too far.
- Not aware of any problems.

The Bite:

- The bite is comfortable and I can eat what I want with no difficulties.
- I feel there is a problem with the bite or I have been told there is a problem.
- I have frequent or chronic pain in my jaw, face or head.
- My jaws click, pop, or lock when I open my mouth.

The Dentist:

- I visit the dentist regularly, at least every \_\_\_\_\_ months.
- My last cleaning was in the month of \_\_\_\_\_.
- It has been \_\_\_\_\_ years since I had my teeth checked by the dentist.

Dental Problems:

- I have no dental problems that I am aware of other than misaligned teeth
- I am aware of other dental problems that need attention \_\_\_\_\_.

The Orthodontist:

- The patient has worn braces before.
- This is my first experience with an orthodontist.
- Someone in the family has worn braces. Who? \_\_\_\_\_
- I have seen another orthodontist and I would like a second opinion. Dr. \_\_\_\_\_

What I Expect from Orthodontic Treatment:

- I want all the teeth straightened and aligned.
- I want the lower teeth straightened and aligned.
- I only want the upper teeth straightened and aligned.
- I only want to find out if any treatment is needed.

What Kind of Braces Do You Want?

- The least expensive. (silver metal)
- The most cosmetic (clear ceramic)
- Removable and cosmetic (Invisalign)

Cost and Payment Plans:

- I am interested in saving the most money by paying for the total treatment at the beginning.
- I am interested in making a down payment to reduce the total cost. \$ \_\_\_\_\_
- I am looking for a payment plan with monthly payments of \$ \_\_\_\_\_ per month.

Insurance:

- I have insurance that may pay for a portion of the treatment costs. Provider \_\_\_\_\_
- I have no insurance that covers orthodontic treatment.

How Soon Would You Like to Get Started?

- I would like to get started as soon as possible if it is determined that treatment is needed.
- I want to meet with another orthodontist to discuss the results of the diagnosis before making a decision.
- I want to discuss the findings with my spouse before making a decision to start treatment.