



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.