CHILD 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.

Teeth:

- The teeth have spaces in between that I do not like.
- The teeth are crooked and overlapping.
- The teeth stick out too far.
- Are you aware of any other problems? Yes _____ Not sure _____ No _____
  If yes, please list_____

Bite:

- My child's bite is comfortable and he/she can eat without difficulties.
- I feel there is a problem with my child's bite or I have been told there is a problem.
- My child has frequent or chronic pain in his/her jaw, face or head.
- My child's jaws click, pop, or lock when he/she opens their mouth.

Dentist Appointment:

- We visit the dentist regularly, every _____ months.
- My child's last cleaning was _____ (Month, Year)
- It has been _____ years since he/she/they had their teeth checked by the dentist.

Previous Orthodontist Experience:

- This is my child's first experience with an orthodontist.
- My child had orthodontic treatment: Braces_____, Expander _____, Invisalign (aligner therapy) _____
- Someone in the family has worn braces. Who? _____
- We have seen another orthodontist and we would like a second opinion. Dr. _____

What we expect from orthodontic treatment:

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

What kind of treatment option would you be interested in:

- Traditional braces, silver metal _____; clear ceramic _____.
- Clear aligners (Invisalign) _____.

Cost and Payment Plans:

- We are interested in saving more by paying for the total treatment at the beginning.
- We are looking for a payment plan with monthly payments of $ _____ per month.

How soon would you like to get started?

- We would like to get started as soon as possible.
- We want to discuss the findings with my significant other before making a decision to start treatment.