

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

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

How did you hear about Dr. Marsh: \_\_\_\_\_

**Please help us to serve you better by answering the following :**

1. My mouth is : A) very comfortable  
B) moderately comfortable  
C) uncomfortable
  
2. I A) think the appearance of my mouth is excellent  
B) am satisfied with the appearance of my mouth  
C) am dissatisfied with the appearance of my mouth
  
3. I A) will do anything to keep my natural teeth  
B) want to keep my teeth but have a budget  
of time / money I am willing to spend on them  
C) do not care wether I keep my teeth or not
  
4. I A) have set goals for my oral health with a previous dentist  
B) want to set goals concerning my oral health  
C) have never set goals concerning my oral health
  
5. I A) have always followed through with my previous dentists recommendations  
B) have not always done what previous dentists have recommend  
C) rarely go and have not followed through with dental care that was recommended
  
6. I A) have put dentistry for myself and my family **high** on my priority list  
B) have put dentistry for myself and my family **low** on my priority list  
C) have not made dentistry a priority
  
7. I A) think my current state of dental health is **excellent**  
B) think my current state of dental health is **good**  
C) think my current state of dental health is **poor**
  
8. I A) aspire to have a mouth with **excellent health**  
B) aspire to have a mouth with **good health**  
C) aspire to have a mouth with **poor health**
  
9. What are your primary dental concerns ?

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