GOODMAN
DENTAL CARE

A. Gary Goodman, D.D.S.
Jeremy Goodman, D.D.S.
2530 Riva Road, Suite 201 | Annapolis, MD 21401
(410) 263-1919 phone | (410) 267-9163 fax

NEW PATIENT QUESTIONNAIRE

Please complete this form so we can provide the best care possible for you. Thank you!

We are happy to welcome you to our family of patients and friends. We strive to provide the highest quality dental care in a comfortable and friendly environment. Our goal is to help you obtain optimum oral health and achieve the attractive smile you want and deserve. Please let us know how we can improve your visit or make your experience a positive one!

- Do you have any pain in your teeth because of heat, cold or sweets? ☐ Yes ☐ No
  If so where? _____
- Do you have any pain in any part of the mouth or in any tooth while biting or chewing? ☐ Yes ☐ No
  If so where? _____
- Does food catch between your teeth? ☐ Yes ☐ No
  If so where? _____
- Do your gums bleed while chewing, brushing, or at any other time? ☐ Yes ☐ No
  If so when? _____
- Do you clench/grind your teeth during the day or have you been made aware that you clench/grind at night? ☐ Yes ☐ No
- How often do you have your teeth cleaned and how long does it take?_____
- Do your gums feel irritated, tender or swollen? ☐ Yes ☐ No
- Do you feel anxious about dental treatment? ☐ Yes ☐ No
  If yes please explain:_____
- Are you self-conscious about your teeth or smile? ☐ Yes ☐ No
- Do you avoid smiling in photographs? ☐ Yes ☐ No
- Are you happy with the color of your teeth? ☐ Yes ☐ No
- If you had a "Magic Mirror" and could change absolutely anything about your mouth or smile, what would you change?

  _____
- Do you have any dental concerns not listed here that you would like to bring to our attention?

  _____
- What are your expectations from this office? _____

  _____
- How did you find out about our office? (Please check all that apply):

  Personal referral from _____

  Front sign ___ Website ___ Facebook ___ Yellow Pages ____ Other _____