

## DENTAL HISTORY

This part of the form is to help us obtain information about your dental history

When did you last have any dental treatment?	
Do visits to the dentist worry you? If yes why?	Yes/No
How important are your teeth to you?	Very/Fairly/Not
Is there anything about the appearance of your teeth that bothers you? If yes please specify	Yes/No
Are you interested in cosmetic dental treatments? If yes what types?	Yes/No
Are you used to seeing a dentist or dental hygienist for cleaning and oral hygiene instruction? If yes how often?	Yes/No
Do you have local anaesthetics for dental treatment?	Yes/No
Have you experienced any problems with local anaesthetics? If yes please give details	Yes/No
Is there anything else that you would like to tell us about your dental history?	Yes/No

I understand that all treatment carried out is by private contract.

Signed.....