



## 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:

- My teeth have spaces in between that I do not like.
- My teeth are crooked and overlapping.
- My teeth stick out too far.
- Are you aware of any other problems? Yes \_\_\_\_\_ Not sure \_\_\_\_\_ No \_\_\_\_\_

If yes, please list \_\_\_\_\_

### Bite:

- My bite is comfortable and I can eat what I want with no difficulties.
- I feel there is a problem with my 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.

### Dentist Appointment:

- I visit the dentist regularly, every \_\_\_\_\_ months.
- My last cleaning was \_\_\_\_\_ (Month, Year)
- It has been \_\_\_\_\_ years since I had my teeth checked by the dentist.

### Previous Orthodontic Experience:

- This is my first experience with an orthodontist.
- I had orthodontic treatment: Braces \_\_\_\_\_, Expander \_\_\_\_\_, Invisalign (aligner therapy) \_\_\_\_\_
- 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 know treatment is beneficial and I want: all the teeth \_\_\_\_\_ only upper \_\_\_\_\_ only lower \_\_\_\_\_ straightened and aligned.
- I 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:

- I am interested in saving more by paying for the total treatment at the beginning.
- I am interested in making a down payment to reduce the monthly cost. \$ \_\_\_\_\_
- I am looking for a payment plan with monthly payments of \$ \_\_\_\_\_ per month.

### How soon would you like to get started?

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