

Relaxation and Comfort with Sedation Dentistry

ANXIETY SCALE

How nervous do you feel at the moment? Let's find out!

Can you tell us how anxious you get, if at all, with your dental visits?
Please indicate by inserting "X" in the appropriate box



1. Not anxious 2. Slightly anxious 3. Fairly anxious 4. Very anxious 5. Extremely anxious

- If you went to your dentist for **TREATMENT TOMMOROW**, how would you feel?
 1. Not anxious 2.Slightly anxious 3.Fairly anxious 4.Very Anxious 5.Extremely anxious
- If you were sitting in the **WAITING ROOM** (waiting for treatment), how would you feel?
 1.Not anxious 2.Slightly anxious 3.Fairly anxious 4.Very Anxious 5.Extremely anxious
- If you were about to have a **TOOTH DRILLED**, how would you feel?
 1. Not anxious 2.Slightly anxious 3.Fairly anxious 4.Very Anxious 5.Extremely anxious
- If you were about to have your **TEETH SCALED, CLEANING AND POLISH**, how would you feel?
 1. Not anxious 2.Slightly anxious 3.Fairly anxious 4.Very Anxious 5.Extremely anxious
- If you were about to have a **LOCAL ANESTHETIC INJECTION** in your gum, how would you feel?
 1. Not anxious 2.Slightly anxious 3.Fairly anxious 4.Very Anxious 5.Extremely anxious
- In general, do you feel uncomfortable or nervous about **RECEIVING DENTAL TREATMENT**?
 1. Not anxious 2.Slightly anxious 3.Fairly anxious 4.Very Anxious 5.Extremely anxious
- Would you like to be **SEDATED** while you are undergoing dental treatment: Yes No Consult with the Dentist first
- Which technique would you prefer (*Not covered by insurance*)
 a) Nitrous Sedation b) Non IV Sedation (nitrous & oral sedation) c) IV Sedation (IV, Nitrous& oral sedation)
\$189.00 / Per Visit \$525.00 / Per Visit \$1200.00 / Per Visit
 I would like to Consult with the dentist before making my decision.

Dental History

What is the reason for this appointment? _____; Any specific dental problems we should be aware of? _____;
How many times a day do you brush? Never 1 2 3; How many times a day do you floss? Never 1 2 3;
Is there any discomfort in your mouth at the present time? Yes No; Where? UR LR UL LL;
When did it start? ___ day (s) ago ___ week (s); Any swelling? Yes No; Is the Tooth Sensitive to: Air Hot, Cold, Sweet;
Is the Tooth Loose? Yes No; Did your filling fall out? Yes No; Any Chipped Teeth/Filling Yes No;
What type of pain are you experiencing? Dull Sharp Throbbing Excruciating Aching Burning Other _____;
Do you think you have any decay or cavities? Yes No; Do you have any jaw joint cracking joint locking joint pain.

Do your gums bleed when brushing or flossing? Yes No; Do you suffer from chronic bad breath or bad taste in your mouth? Yes No;
Have you been told you have gum disease? Yes No; If yes, have you been treated for that disease? Yes No;
When was the gum Treatment done? ___ month(s) ago ___ year(s) ago;
If you have not been treated for gum disease, was it due to: (check all That Apply) Finances Fear Time Other _____
When was the last time you had a cleaning? Never ___ Month(s) 1yr 2yrs 3yrs 4yrs 5-10yrs 10-15yrs 15-20yrs N/A;

When was your last dental appointment? Never ___ Month(S) 1 yr 2 yrs 3yrs 4yrs 5yrs 10-15 yrs 15-20 yrs N/A;
What was the purpose of your last dental appointment? (Check all that Apply) Cleaning Filling Crown Root canal
Extraction Full Dentures Partial Dentures Implant Bridge Braces X-ray/Exam Other: _____;
What prevented you from going to the dentist to the dental work that you needed to have done ? (Check all that apply) No insurance
Finances Fear Unaware of my dental needs Busy with personal problems I can't find the right Dentist for me Bad Experience with
the Dentist as a Child or Adult. Dr was rude Staff member was rude Dr. hurt me I did not agree to the fees that I was charged.
Cannot find an office with the hours that fit my schedule. Other _____

How would you describe your overall dental health? Excellent Good Fair Poor Don't Know; Please check all the apply: What do you
not like about your teeth? Color Shape Size Length Width Crooked-overlapping Missing Teeth Old silver filling Discolor of
front Bonding Space in between my front Teeth No Space Other _____; Would you like Teeth Whitening With your Visit
Today: One Hour In Office Zoom II Whitening for \$399.00 Originally \$799.00 Yes No In the Future

Patient/Guardian Signature: _____ Dentist Signature: _____ Date: _____