

Please Handle Me With Care!

Please fill out the following form to help us take better care of you.

Please check the statements that concern you.

- I need to have a chat with you first, outside “the chair”.
- I have not been to the dentist for a long time, and I feel worried about what you will say about my teeth and my oral hygiene.
- I’m very anxious about injections.
- I feel out of control in the dental chair – is there anything you can do to put me into control?
- I have an extreme problem with being tipped back in the dental chair.
- I’m worried about feeling pain during treatment.
- I hate the noise of dental instruments.
- I am afraid of gagging or choking during treatment.
- I need to know that you will stop when I give a pre-agreed “stop” signal.
- I feel unable to give a stop signal and need to know that we will take frequent breaks or that you will stop if you sense that I’m uncomfortable or in pain.
- Please tell me about the treatment options and the ways these can be carried out.
- It would help me if you would explain to me what you are doing and why.
- I am worried that I may have a serious medical emergency while having treatment.
- I have health problems that we need to discuss.
- There are other issues I’d like to talk about that aren’t covered on this form
(please specify):

