

Name: _____

Date: _____

Handle Me With Care

- I gag easily.
- I feel out of control when I am lying down in the dental chair.
- I have not been to the dentist for a long time and I feel uncomfortable about what will say or think about my teeth and my dental hygiene.
- I know I have bad habits that are causing harm to my dental health, and I am afraid I might not be able to break them.
- Pain relief is a top priority to me.
- I don't like shots, or I have had a bad reaction to shots.
- Please tell me what I need to know about my mouth so I can make an informed decision.
- My teeth are very sensitive.
- I do not like the sound of that tool that makes the picking and scraping noise.
- I do not like cotton in my mouth.
- I hate the noise of the drill.
- I do not like the dental office smells.
- Please respect my time; I do not want to be left waiting in the sitting room.
- I want to know the cost upfront, no money surprises, please.
- I have difficulty listening and remembering what I hear while sitting in the dental chair.
- I have health problems and questions that we need to discuss
- I do not like being left alone in the treatment area.
- I have problems with my back.
- I do not like to see dental instruments.
- I need to talk to you first, without sitting in the dental chair.
- Other concerns I would like to talk about (Please specify):
