

**GENERAL PATIENT QUESTIONNAIRE**

	YES	NO
1. Do you believe there is a connection between gum disease, heart attack and stroke ?	___	___
2. Are you in need of dental treatment that you are postponing?	___	___
3. Are you interested in improving the appearance of your smile?	___	___
4. Do you or your children require a sports guard?	___	___
5. Do you floss and brush at least twice daily?	___	___
6. Do you suffer from headaches, dizziness or ringing in your ears?	___	___
7. Do you clench or grind your teeth or do you have a sore jaw?	___	___
8. Do you know if we offer snoring appliances?	___	___
9. Are you familiar with the orthodontic options available here?	___	___
10. Did you know that we offer implant placement and restoration in one convenient location?	___	___
11. Do you breath through your mouth?	___	___
12. Would you like a whiter smile?	___	___
13. Do you know the warning signs of gum disease?	___	___
14. Are you familiar with a crown and why you may need one?	___	___
15. Are you aware of all the services that we offer?	___	___
16. Is this practice accepting new patients?	___	___

Name: \_\_\_\_\_

Thank you for taking a few moments to answer these important questions. This survey will help us to better serve you.

Dr. Dan Kinkela and Staff