2849 County Highway I
Chippewa Falls, WI 54729

(715) 723-0287 7

WINN FAMILY DENTISTRY

facebook.com/winnfamilydentistry

Full Name:

____

My Dental Health and Treatment Goals Are:

- ☐ Pain free
- ☐ Whiter teeth
- ☐ Straighter teeth
- ☐ Healthier gums
- ☐ Stop smoking
- ☐ Replace missing teeth
- ☐ Dentures
- ☐ Less bleeding
- ☐ Implants
- ☐ Routine cleaning/exam
- ☐ Decrease sensitivity
- ☐ Partial
- ☐ Better chewing
- ☐ Crowns
- Other ______________________________

When was your last dental visit?

____

What type of toothbrush do you use?

☐ Hard ☐ Medium ☐ Soft ☐ Electric

How often do you floss?:

☐ Daily ☐ 2-4x/wk ☐ 1x/wk ☐ Hardly Ever

Do you have well or city water?

____

Which over the counter rinses do you use:

____

Do you require nitrous for:

☐ Cleanings ☐ Treatment ☐ Neither

Are you nervous?:

☐ Yes ☐ No

Do you take fluoride supplements? ☐ Yes ☐ No

Have you ever had periodontal treatment? ☐ Yes ☐ No

Have you ever had orthodontic treatment? ☐ Yes ☐ No

Have you ever been concerned about bad breath? ☐ Yes ☐ No

Do you consistently get a bad taste in your mouth? ☐ Yes ☐ No

Have you ever had head or neck radiation? ☐ Yes ☐ No

Do you experience dry mouth? ☐ Yes ☐ No

How Did You Hear About Us?

Patient/Friend/Family:

____

____

Orthodontic Office:

____

____

- ☐ Drive by
- ☐ Newspaper
- ☐ Smiles in Motion
- ☐ Facebook
- ☐ WWIB
- ☐ Google Search
- ☐ Insurance website