GERMAN VILLAGE
DENTAL GROUP
NICOLE K. MUNZ, D.D.S., INC.
GENERAL DENTISTRY

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DENTAL NEEDS SURVEY NAME_____DATE_____

Date of your last dental appointment?_____
How often do you brush your teeth?_____
How often do you floss your teeht?_____
What type of oral hygien tools do you use?_____
Do you gums bleed at any time?_____
Do you have aching or sensitive teeth?_____
Have you ever had injury to your face or jaw?_____
Do you presently have or have you had *pain or discomfort* in your mouth, face, jaws or jaw joints(TMJ)?_____
Have you had trouble associated with any previos dental treatment?_____

Please rate on a scale from 1-5 the Importance of each of the following regarding your dental care (the most Important
would be #1)

____Preventive Dental Health Care

____Excellence & Quality of Service

____Other:_____

____Freedom From Pain

____Cost & Affordability

Please rate, as above, what a dentist has to do to gain your confidentce:

___Show me what she is doing or needs to do so I can clearly understand what is happening.

___Listen to my concerns and explain thoroughly the procedures to be performed.

___Make sure I feel comfortable and informed at all times.

Please check the level of fear you have about your dental visits (10 being the greatest fear)

_1 _2 _3 _4 _5 _6 _7 _8 _9 _10

Are you concerned about the follow (yes or no)?

____Existing discomfort?

____Replacing old mercury silver fillings?

____Recurring or untreated gum disease?

____Mouth odor?

____Whitening your teeth?

____Appearance of your smile?

____Prevention of decay?

____Other:_____