

# Please Handle Me With Care

Please CIRCLE the number next to the statements that concern you or describe your situation.

1. I have not been to the dentist in a long time and I feel worried about what you will say about my teeth and my oral hygiene.
2. My teeth are very sensitive.
3. Pain relief is a top priority for me.
4. I'm very anxious about injections.
5. I feel out of control in the dental chair (or I have an extreme problem with lying down).
6. I gag easily.
7. I hate the noise of dental instruments.
8. I hate the sight and/or smell of a dental office.
9. Please tell me about the treatment options and the ways these can be carried out.
10. I need to know that you will stop when I give a pre-agreed "stop" signal during treatment.
11. It would help me if you could explain to me what you are doing and why.
12. I have medical problems that we need to discuss.
13. I am feeling more stress and anxiety in my life now, than in the past.
14. There are other issues I'd like to talk about that aren't covered on this form.  

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15. What special things can we do in our office to make sure you are well cared for?  

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*Turn Over Please*