



## VALUES FORM

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

**The greatest service we provide to our patients is to give them a well designed plan for accomplishing their dental goals. By answering the following questions you can help us to understand you and your goals and enable us to give you our best!**

Please give each statement below a rating between 1 and 10. Ten being very important and 1 being less in importance.

Please circle any topic you may wish to discuss further.

To keep my teeth a lifetime (longevity)

To improve the appearance of my smile

To chew better

To be free from breath problems

To be free from pain and sensitivity

I am a busy person and anticipate a problem working treatment into my schedule

I'm nervous about dental treatment and am interested in receiving care that is comfortable and painless

I'm concerned about the costs of dental treatment

**PLEASE CHECK WHAT BEST EXPRESSES HOW YOU FEEL ABOUT THE FOLLOWING QUESTIONS:**

1.) How healthy do you want your mouth to be?

The best it can be     Average     Don't really care

2.) At what point in time do you want us to recommend treatment to you?

When "something" isn't ideal

When "something" is beginning to worsen

Just before it hurts or breaks

Just before I lose my tooth/teeth

3.) What quality of service/dentistry do you want us to recommend?

Ideal/the best     Average     Just patch it

4.) If you require dental treatment, how long would you like that restoration to last?

As long as possible     5-10 years     1 year

5.) What level of treatment explanation would you like?

Tell me everything     Just give me the basics     Don't tell me anything "Just do it."

How did you hear about Dr. Hamel? \_\_\_\_\_

Patient or Responsible Party \_\_\_\_\_