

Dental Questionnaire

1. How did you find /why did you select this practice? Please tick
Recommendation
Location
Internet
Telephone Directory
NHS Direct
Other.....

2. When did you last see a dentist?
3. Was this visit routine/ urgent?
4. Was your last visit NHS/Independent
5. At present, do you have any problems with your teeth that you are aware of?
Yes / No

6. Do you need an urgent appointment?
Please note that this will be for Advice/emergency treatment only before
going onto the waiting list. Yes / No

7. Are you normally able to attend at short notice if we have a cancellation?
Yes / No

8. Contact numbers. Phone
- Text
- Email

9. What is the best contact method? Phone Text E-mail Letter