

# Smile Assessment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Yes    No

- Do you like to smile and show your teeth?
- Are you happy with the way your teeth look?
- Do you have unsightly crowns or fillings?
- Are your teeth sensitive to hot or cold?
- Are your teeth too long?
- Are your teeth too short?
- Do you brush your teeth too hard?
- Are you missing teeth?
- Are you interested in improving the appearance of your teeth?
- Are you interested in tooth replacements?
- Are you familiar with the benefits of implants?
- Are your gums sensitive?
- Do your teeth or gums hurt?
- Are your gums receding?
- Are you anxious or fearful of treatment?
- Are you interested in esthetic (cosmetic) dentistry?

Please feel free to explain any answers.