

Please Handle Me With Care!

Please circle the number next to the statements that concern you.

1. I need to have a chat with you first, outside “the chair”.
2. I have not been to the dentist for a long time, and I feel worried about what you will say about my teeth and my oral hygiene.
3. I’m very anxious about injections.
4. I feel out of control in the dental chair – is there anything you can do to put me into control?
5. I have an extreme problem with being tipped back in the dental chair.
6. I’m worried about feeling pain during treatment.
7. I hate the noise of dental instruments.
8. I am afraid of gagging or choking during treatment.
9. I need to know that you will stop when I give a pre-agreed “stop” signal.
10. I feel unable to give a stop signal and need to know that we will take frequent breaks or that you will stop if you sense that I’m uncomfortable or in pain.
11. Please tell me about the treatment options and the ways these can be carried out.
12. It would help me if you would explain to me what you are doing and why.
13. I am worried that I may have a serious medical emergency while having treatment.
14. I have health problems that we need to discuss.
15. There are other issues I’d like to talk about that aren’t covered on this form
(please specify):
