

Handle Me with Care Please

HOW ARE YOU FEELING PRIOR TO TODAY'S APPOINTMENT?



GREAT



OKAY



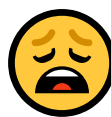
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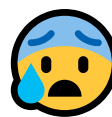
NERVOUS



PAIN



DREAD



FEAR

~~~~~  
**My anxiety about being at the dentist is mostly related to:** (circle one)

**Fear of pain**

**Claustrophobia**

**The sound of the drill**

**Fear of needles**

**Choking/Inability to breath**

**Opening wide**

**Please tell us...what can we do to make you more comfortable?**

Turn the TV/radio.....On      Off

Explain to me what you are doing.....Yes      No

I need Nitrous Oxide "Laughing Gas".....Yes      No

**Check all of the following statements that are true for you:**

- I AM EMBARRASSED ABOUT MY TEETH
- I HAVE EXTREME ANXIETY AT DENTAL VISITS
- I HAD A BAD EXPERIENCE AT A PAST DENTAL VISIT
- IT IS DIFFICULT FOR ME TO OPEN WIDE / FOR A LONG TIME
- I HATE THE SOUND OF THE DRILL
- IT IS DIFFICULT FOR ME TO RECLINE VERY FAR
- I AM AFRAID OF NEEDLES/SHOTS
- I HAVE DIFFICULTY GETTING NUMB / REQUIRE EXTRA NOVOCAINE
- I PREFER NOT TO HAVE NOVOCAINE
- I DON'T LIKE COTTON OR GAUZE IN MY MOUTH
- I DO NOT LIKE TO KNOW ALL THE DETAILS OF A PROCEDURE
- I LIKE TO KNOW THE DETAILS ABOUT A PROCEDURE BEFORE YOU DO IT

- I NEED MY SPOUSE/PARENT/CHILD PRESENT WHEN
  - \_\_\_ MY TREATMENT PLAN IS EXPLAINED
  - \_\_\_ A PROCEDURE IS EXPLAINED
  - \_\_\_ FINANCES ARE DISCUSSED
- I WOULD LIKE TO BE EXAMINED BY THE DENTIST AT EVERY CHECK-UP VISIT
- I PREFER TO HAVE THE TELEVISION OFF
- IT HELPS ME TO HAVE A NECK/BACK PILLOW
- I WANT TO SPEAK WITH DR. DILLARD PRIVATELY