

## **New Patient Survey**

Date \_\_\_\_\_

1. Are you having any specific dental problems or concerns?
2. What is most important to you about your dental health?
3. What would you like to do to improve your smile?
4. Is keeping your teeth for your lifetime important to you?
5. What traits or qualities are you looking for in a dentist?
6. What key factors most influence you when choosing a dentist?