

## Please Handle Me With Care

*Please circle the number next to the statements that concern you or describe your situation.*

- 1) I have not been to the dentist in a long time, and I feel worried about what you will say about my teeth and oral hygiene
- 2) My teeth are very sensitive.
- 3) Pain relief is a top priority for me.
- 4) I'm very anxious about injections.
- 5) I feel out of control in the dental chair (or I have an extreme problem with lying down).
- 6) I gag easily.
- 7) I hate the noise of dental instruments.
- 8) Please tell me about the treatment options and the ways these can be carried out.
- 9) I need to know that you will stop when I give you a pre-agreed "stop" signal during treatment.
- 10) It would help me if you could explain to me what you are doing and why.
- 11) I have health problems that we need to discuss.
- 12) There are other issues that I'd like to talk about that aren't covered on this form.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_