Smile Questionnaire

Please take a few moments to answer the following questions which will enable our dental team to determine the care and advice required based on your concerns and individual needs.

Your answers are for our records only and will be treated in the strictest confidence.

Name: _____ **D.O.B.** _____

1. **When you smile in the mirror are you happy with the way your teeth look?** **Yes** ☐ **No** ☐
   If not, please explain _____
   _____

2. **Do you feel your teeth are in alignment (straight)?** **Yes** ☐ **No** ☐
   If not, please explain _____
   _____

3. **Do you have spaces that you don't like?** **Yes** ☐ **No** ☐
   If yes, please explain _____
   _____

4. **Do you like the colour of your teeth?** **Yes** ☐ **No** ☐
   If not, please explain _____
   _____

5. **Do you like the shape of your teeth?** **Yes** ☐ **No** ☐
   If not, please explain _____
   _____

6. **Do you like the way your teeth come together?** **Yes** ☐ **No** ☐
   If not, please explain _____
   _____

7. **Please indicate if your teeth are:** **Chipped?** ☐ **Protruding?** ☐ **Hidden?** ☐

8. **Are there any old fillings or dental work that you don't like looking at?** **Yes** ☐ **No** ☐
   If yes, please explain _____
   _____

9. **What would you like to change most in the appearance of your teeth?** _____
   _____
   _____

10. **How would you like your teeth to look?** _____
    _____
    _____

St. Paul's Dental Practice Ltd.
Registered in England No 6848084
4 St Paul's Road, Newton Abbot, Devon. TQ12 2HP United Kingdom
Tel: 01626 365896