**1. Patient Details**

Title ……… First Name ………………………………… Surname ……..………………………………

Date of Birth …………………………

**2. How did you hear about us?**

Please tick:

Referred by dentist Recommended by dentist

Google/website Social media (Facebook etc)

Recommended (by whom) …………………………………

Other (please specify) …………………………….

**3. What are your main concerns with your smile?**

(a) I am self-conscious about my teeth when I smile

Yes

No

(b) I avoid showing my teeth when I smile

Yes

No

(c) I've had negative comments about my teeth

Yes

No

(d) I've been teased/ bullied about my teeth

Yes

No

(e) My teeth are:

Wonky Gappy

Crowded Prominent/sticking out

Discoloured/Stained My bite is uncomfortable

My jaw joint hurts/clicks Other, please specify: ………………………………………..

**4. Any previous treatment**

(a) Have you had braces before?

Yes

No

If yes, please provide further details (when, for how long etc) ………………………………...

…………………………………………………………………………………………………..

(b) Have you had any dental treatment to improve the appearance of your teeth?

Yes

No

If yes, please provide further details (what type of treatment, how long ago etc) ……………..

…………………………………………………………………………………………………..

**5. Are there any particular treatments that you are interested in?**

Please select below:

Metal Fixed Braces

Clear Ceramic Fixed Braces

Invisalign Clear Aligners

Teeth Whitening

Composite Bonding/Veneers

Porcelain Veneers

Other treatments I’m interested in:

**6. Do you have a specific deadline to be finished by?**

Yes

No

If yes, please provide details ……………………………………………………………………………………………...

……………………………………………………………………………………………………………………………..