

If you are a **new patient** at **FIFTEEN DENTAL** we offer you a warm welcome. We are delighted that you have selected our Practice to provide your dental care. So that we can do our best for you, we would like to ask you a few questions which will take about five minutes to answer.

If you are an **existing patient** the practice we constantly aim to improve the services we offer you. Please could you take a few minutes to complete this Personal Dental Assessment and bring it with you on your next visit.

**Please tell us:**

Full Name

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Date of Birth

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Address

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Occupation

---

Postcode

---

Doctor's Name

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Telephone Number

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Doctor's Telephone Number

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Mobile Number

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Do you have any children?

Yes  No

E-mail

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Age(s) if "Yes"

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We hope you will be very satisfied with the care you receive in our Practice. We would like to know what made you choose us. Were any of the following reasons involved?

- Convenient location
- I was recommended by a friend
- Convenient surgery hours
- Family member already a patient here
- For emergency treatment only

- Referred by another dentist
- Located from Yellow Pages
- Located from Thomson Directory
- Another reason, please specify

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When did you visit your last dentist?

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If you think it is important to explain why, please do so.

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Have you left another practice in order to come here?

Yes  No

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