

# Handle Me with Care

Please check all that apply so that we can create a comfortable environment for you.

- I gag easily
- I feel out of control when I am in the dental chair.
- I have not been to the dentist in a long time and I feel uncomfortable about what you will say or think about my teeth.
- I know I have bad habits that can harm my dental health. I am afraid I might not be able to break them.
- pain relief is top priority for me.
- I don't like shots, or have had bad reaction to shots.
- Please tell me what I need to know about my mouth so I can make an informed decision.
- My teeth are sensitive.
- I don't like the sound of the tool that makes the picking and scrapping noise.
- I don't like cotton in my mouth.
- I hate the noise of the drill.
- I don't like the dental office smell.
- Please respect my time. I don't want to be left sitting in the reception area.
- I want to know the cost up front. No money surprises, please.
- I have difficulty listening and remembering what I hear while sitting in the dental chair.
- I have health problems and questions that we need to discuss.
- I don't like being left alone in the treatment area.
- I have problems with my back.
- I don't like the chair tipped back too far.
- I do not like to see dental instruments.
- I need to talk to you first, without sitting in the dental chair.
- I have been sedated for dental treatment in the past.
- I am Interested in oral conscious sedation in your office.
- I have used laughing gas for dental treatment in the past.
- Other concerns I would like to talk about (please Specify)

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