

NEW PATIENT WELCOME QUESTIONNAIRE

To help us get to know you better, please fill out this form

PATIENT NAME _____ DATE _____

QUESTION **1** My motivation for improving my smile is...

QUESTION **2** How do you feel about wearing braces?

QUESTION **3** What type of books, movies & music do you like?

QUESTION **4** What type of sports, hobbies or extra-curricular activities do you participate in?

QUESTION **5** Do you have any pets? What kind and what are their names?

QUESTION **6** If attending school, which school do you go to?

QUESTION **7** Do you have any friends who are also our patients? If so, what are their names?

QUESTION **8** Is there anything else you would like us to know about you personally?
