

Apollonia Dental Centers

NEW PATIENT COE INTERVIEW SHEET

Date _____ Team Member _____

PATIENT'S NAME _____ Pronounced _____ ADULT CHILD Age _____

"MARY, We take pride in the individualized care that we give to our patients, and this is only possible when we know more about you. May I ask you a few important questions before we begin your comprehensive evaluation?"

Tell me a little about you, and about what we can do for you here today?
(listen for pain, disease, function, or esthetic)

What are some important things you are looking for in a dentist office?
(look for patient values)

Tell me what you liked or didn't like about your prior dentists?
(look for positives or negatives)

Do you like your smile? Would there be anything you'd want to change about your smile?

Have you generally been regular at the dentist?

What is the biggest barrier to your having ideal dental health? Money Fear Time

For patients with dental insurance:

If you didn't have insurance, would you still be here today?

Have you made any provision for expenses that insurance doesn't cover?

What other things would you like me to share with the doctor?

PATIENT METAPROGRAMS: (circle one each in accordance with the character of the patient's answer to the questions above)

Outcome - Process

Big Picture - Details

Toward Pleasure - Away from Pain

Visual - Auditory - Kinesthetic

Level of Dental Relationships:

Pain

Disease

Function

Esthetic

PATIENT OVERALL Demeanor: frightened hostile shy cheerful neutral formal

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