



New Patient Questionnaire

1. What would you like to accomplish during this visit?

2. In what condition do you consider your dental health at this time?
Good, Fair, Poor, Very Poor... Why?

3. Are you interested in ZOOM Whitening, Veneers, Invisalign, etc?

4. Are you happy with your smile? Is there anything you would like to change?

5. Do you have any sensitivity or pain when you eat or drink?

6. Do you have any phobias or are you afraid of dental work?

7. How was your experience with your previous dentist?

- Amazing Okay Neutral Bad Terrible

8. What can we do to make every visit the best dental experience for you?



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How did you discover Bay Area Dental Office?

- Search Engine (Google, Yahoo, etc.)
- Through a family member or friend
- Social Media (Facebook, Instagram, etc.)
- Other: _____

Which of the following best describes you?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latino or Spanish Origin
- Middle Eastern or North American
- Native Hawaiian or Pacific Islander
- White
- Multiethnic
- Prefer not to disclose
- Other: _____

What is your age group?

- 0 - 18
- 19 - 29
- 30 - 39
- 40 - 49
- 50 - 59
- 60 - 69
- 70+

Thank you very much for your input,

Dr. Meza, Hernandez and staff.