



# THE FOUR LEVELS OF DENTAL CARE



*We offer to people who choose our practice*

We understand that choosing a new dentist and dental health team can be a challenge, leaving you feeling somewhat uncertain. Our purpose is to help achieve the highest level of well-being personally appropriate for them.

Our goal is to help you be or become healthy as you choose. Instead of telling you how healthy you ought to be, we will try to help you understand your choices about dental health and then let you make a free and informed decision. Your first choice in this regard is how you would like to begin with us. There are four levels on which people may choose to be seen in our practice:

**PLEASE CIRCLE THE LEVEL YOU FEEL MOST APPROPRIATE FOR YOU.**

Level 1... **EMERGENCY CARE...**

“I’m in pain - fix what hurts!”

Level 2... **REMEDIAL CARE...**

“Let’s just take care of what is wrong today and worry and not worry about tomorrow.”

Level 3... **SELF-CARE (COMPLETE DENTAL PHYSICAL) ...**

“Tell me everything that is wrong and I’ll decide when to fix it.”

Level 4... **COMPLETE DENTISTRY...**

“Let’s get started as soon as possible.”

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Patient’s Signature

Yours for better health and well-being,  
Stephen Wood, D.D.S.

*Stephen F. Wood, D.D.S., P.A.*  
*Personalized Dental Care*  
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PRE-CLINICAL EXAMINATION QUESTIONNAIRE

1. What is your primary dental concern? \_\_\_\_\_
2. Do you have any pain in your teeth or in any part of your mouth because of heat, cold, sweets or while biting or chewing? \_\_\_\_\_ If yes, explain \_\_\_\_\_
3. Do you go to the dentist regularly? \_\_\_\_\_
4. When was your last appointment? \_\_\_\_\_
5. Do your gums bleed, feel irritated, tender or swollen? \_\_\_\_\_
6. Do you frequently have bad breath? \_\_\_\_\_
7. Do you avoid any part of your mouth while chewing or brushing? \_\_\_\_\_
8. Have you ever had professional instructions in home dental care? \_\_\_\_\_
9. Do you know extensive bone loss under the gum can take place before the patient is aware of it? \_\_\_\_\_
10. Does food catch between your teeth? If so, where? \_\_\_\_\_
11. Do you ever experience headaches or pain in the side of your face in the area of your ears? \_\_\_\_\_  
\_\_\_\_\_
12. Do you clench your teeth during the day or have been made aware that you clench your teeth at night? \_\_\_\_\_  
\_\_\_\_\_
13. Are you embarrassed for other people to see you smile or to see your teeth? \_\_\_\_\_
14. If you could change anything about your smile or teeth what would it be?    WHITENESS    SHAPE  
STRAIGHTNESS    NONE    OTHER (EXPLAIN) \_\_\_\_\_
15. Has anyone ever shown you what it would take to get you there? \_\_\_\_\_
16. What kind of quality are you looking for in the dentistry you receive? \_\_\_\_\_
17. When was the last time someone sat down with you and discussed your long term dental health? \_\_\_\_\_  
\_\_\_\_\_
18. What is your greatest concern about having dentistry done (ie. fear of pain, time, finances, or other)? \_\_\_\_\_  
\_\_\_\_\_
19. How do you feel your present state of dental health is? (CIRCLE ONE) EXCELLENT GOOD FAIR POOR
20. Are you aware of the current condition of your mouth? \_\_\_\_\_
21. Why did you choose our dental office? \_\_\_\_\_
22. Do you feel that in the past you have required a lot of dental work? \_\_\_\_\_ If so, has it been to replace previous dentistry or to repair new decayed areas? \_\_\_\_\_
23. Are you aware that dental decay is essentially a childhood disease and that most adult tooth filling procedures are to replace broken fillings or temporary dentistry? \_\_\_\_\_