

Discovery

Patient Name: _____ Age: _____

1. Health Concern:

- Eating challenges, pain or discomfort?
- Recommendations from last dental visits/dentists?

2. Current Challenges

- Any dental concerns affecting your daily life? (confidence, social interactions, or overall well-being?)

3. Future Vision

- What does your ideal smile look like?

- If you had that smile, what would change in your life?

4. Roadblocks

- What motivated you to come in and see us today?
- Fears or concerns moving forward?
- Anything else you would like to share with the team?