

New Patient Form (dental anxiety questions)

All information is strictly confidential

Title: _____

First Name: _____

Last name: _____

Date of birth: _____

Can you tell us how anxious you get, if at all, with your dental visit? Please indicate by inserting 'X' in the appropriate box

If you went to our dentist for **treatment tomorrow**, how would you feel?

- Not anxious
- Slightly anxious
- Fairly anxious
- Very anxious
- Extremely anxious

If you were sitting in the waiting room (**waiting for treatment**), how would you feel?

- Not anxious
- Slightly anxious
- Fairly anxious
- Very anxious
- Extremely anxious

If you were about to have a **tooth drilled**, how would you feel?

- Not anxious
- Slightly anxious
- Fairly anxious
- Very anxious
- Extremely anxious

If you were about to have your **teeth scaled and polished**, how would you feel?

- Not anxious
- Slightly anxious
- Fairly anxious
- Very anxious
- Extremely anxious

If you were about to have a **local anaesthetic injection** in your gum, above and upper back tooth, how would you feel?

- Not anxious
- Slightly anxious
- Fairly anxious
- Very anxious
- Extremely anxious

Signature: _____

Date _____