Patient Application Form

Patient Name:



The purpose of your first consultation is to determine **if** you are good fit with Imagecare Method of Solving Dental Problems. Due to time constraints, Dr. Thompson can only accept patients who can greatly benefit from the options he customizes for each patient. If you aren't an acceptable fit, a referral will be offered to another doctor.

Please answer the following completely and thoroughly: 1) What specifically motivated you to make your first appointment? 2) What is the ONE THING you dislike the most about your dental situation? 3) What do you want to hear at your consultation visit with Dr. Thompson? 4) When is the best time to start your care? 5) What is the most important thing you want to see in yourself when your dental care with Dr. Thompson would be completed? 6) What do you feel is your most pressing dental problem? What do you feel is wrong? How long have you suffered? 7) Rate how much of a problem you are having with the following: Embarrassment Pain (1 = no problem 10 = major problem affecting my life)Eating difficulty Willingness to Smile 8) Please list what you've done or tried that hasn't worked: 9) Why do you feel that right now is the time get your problems fixed? 10) Describe how your dental problems affect your everyday life? 11) Do you have (circle) dentures or partials? How long have you had them? Do you wear them every day and all of the time? 12) Please tell us about any recent dental experiences that were upsetting.

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