



SMILE PROFILE

How important is your dental health to you?

Please circle 1 being the lowest and 10 the highest - 1 2 3 4 5 6 7 8 9 10

Where would you rate your current dental health? - 1 2 3 4 5 6 7 8 9 10

Please select the statement you consider to be true:

- I wish my teeth were whiter
- I wish I had a wider smile
- I am unhappy with the shape of my teeth
- I think my teeth are too large / small
- I wish my teeth were straighter
- I think my gums show too much when I smile
- I do not smile because of my teeth
- I wish the gaps between my teeth were smaller
- I don't know what my dentist can do in order to improve my smile
- I am concerned that I could not afford the dentistry that I would like
- I hate my black fillings in my mouth
- I wish my teeth were all the same colour
- I am worried about the cracks in my teeth
- I suffer with headaches / jaw pain
- I have a click in my jaw
- I have discomfort when chewing
- I have fractured teeth in the past
- I am aware of clenching / grinding my teeth
- I don't like the way my gums are at different levels when I smile
- I wish I showed more of my teeth when I smile
- I wish my denture fitted better

Is there anything else you would like to discuss with the dentist regarding your smile?

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