Goldsworth Road
DENTAL CENTRE

Smile check

Please fill in the questionnaire below so we can understand what you like about your smile, and whether you feel it could be improved.

Name _____

Are you happy with the colour of your teeth?	Yes ☐	No ☐
Do your front teeth protrude or overlap?	Yes ☐	No ☐
Are all your teeth one colour?	Yes ☐	No ☐
Do your gums bleed when you brush?	Yes ☐	No ☐
Do your teeth have white or brown stains?	Yes ☐	No ☐
Do you cover your mouth when you smile, or make sure it is closed when you are having your photograph taken?	Yes ☐	No ☐

On a scale of 1 – 10, how happy are you with your smile? 1 2 3 4 5 6 7 8 9 10
(1 = very unhappy, 10 = very happy)

Please give details: _____

_____

If you could alter your smile, what would you most like to change? _____

_____

_____

Do you suffer from a dental phobia? Yes ☐ No ☐

96 Goldsworth Road
Woking GU21 6LN

Tel: 08445 769956 / 01483 495303
www.goldsworthroaddental.co.uk