



Do You Have a Great Smile?

(Circle One)

- Y N Are you or your child unhappy with the appearance of their teeth?
- Y N Are your child's gums sensitive, or do they bleed when being brushed?
- Y N Are you interested in improving the appearance of your child's teeth?
- Y N Do you have questions about the benefits of orthodontic treatment?
- Y N Are your child's teeth sensitive?
- Y N Are they anxious or fearful of treatment?
- Y N Is lack of time holding you back from scheduling treatment?
- Y N Are finances a concern?

Please rate your child's normal sugar intake

Low 1 2 3 4 5 6 7 8 9 10 High

Name: _____

Date: _____