

## **Please Handle Me With Care**

*Please circle the number next to the statements that concern you or describe your situation.*

- (1) I have not been to the dentist for a long time, and I feel worried about what you will say about my teeth and my oral hygiene.
- (2) My teeth are very sensitive.
- (3) Pain relief is a top priority for me.
- (4) I'm very anxious about injections.
- (5) I feel out of control in the dental chair (or I have an extreme problem with lying down).
- (6) I gag easily.
- (7) I hate the noise of dental instruments.
- (8) Please tell me about the treatment options and the ways these can be carried out.
- (9) I need to know that you will stop when I give a pre-agreed "stop" signal during treatment.
- (10) It would help me if you could explain to me what you are doing and why.
- (11) I have health problems that we need to discuss.
- (12) There are other issues I'd like to talk about that aren't covered on this form.