

# Precious Pearls

Dental Care

## NEW CHILD PATIENT QUESTIONNAIRE

Dear Parent,

Your child has an appointment to see Dr Armaana Ahmad. As it is their first visit to this clinic, it would help greatly if you could provide us with some further information so that we can make the visit as **friendly** as possible.

At this visit, *we may not carry out any actual dental treatment* but we will spend some time **getting to know** your child and deciding on future dental care. Please feel free to bring with you any toy or comforter that would help your child feel more settled in a new situation.

*To help with this process please answer the following:*

What does your child like to be called? \_\_\_\_\_

Do they have any specific fears? If so, what are they? \_\_\_\_\_

How would you describe your child's personality and character? \_\_\_\_\_

If they have been to a dentist before, what happened at that visit?

How nervous are YOU when you have to go to the dentist? (please circle/delete )

**Not nervous**            **A bit nervous**            **Very nervous**

How do you think your child will react to dental treatment? (please circle/delete)

**GOOD**            **FAIR**            **POOR**            **DON'T KNOW**

Please feel free to help us with any further information which may help us care for your child

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*Thank you very much for your time, we look forward to seeing you and your child!*