



About You

(all answers are kept confidential and are viewed by CDS professionals)

1. My name is _____, but I prefer to be called _____.

2. I live in _____, _____
(city) (state)

3. My favorite movie is _____, and the type of music I love is _____.

4. What helps me to relax is _____.

5. I enjoy _____ during my free time.

6. I regularly receive: ___ Massages ___ Facials ___ Manicures/pedicures
___ Waxing

7. If I were to join a wellness class, it would be: ___ Tai Chi ___ Pilates ___ Yoga
___ Self-improvement workshops
(if yes, please specify _____).

8. On a scale from 1 to 10, I rate my smile as _____.

9. As a patient of Christiana Dental Spa, I hope to:
___ Clean my teeth regularly by a professional
___ Whiten my teeth
___ Straighten my teeth
___ Restore my teeth (crowns, fillings, etc.)
___ Learn to take better care of my teeth
___ Learn about gum health

Last modified 01/20/17