

Date completed:



Let your dentist know about your dental care preferences

Before your dental visit it can be useful to think about what matters to you with your dental care. This form helps you to think about your preferences and expectations. You can discuss your answers with your dentist at your appointment.



You can fill this out on your own, with a friend, family member, carer or with your dentist

Your full name:

Your preferred name:

Date of birth:

Your dental practice or service:

Who supports you with decision making:

Do you have a Lasting Power of Attorney for health?

Yes, please provide their name

No

Please tell us about any problems you have with your teeth or mouth:



Please tick one box for each statement:

	Disagree	Agree	Unsure	I'd like to discuss with my dentist
It's important to me that my teeth look good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want my teeth to be left alone if they are not causing me pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy to sit in the dental chair for as long as it takes to fix a broken tooth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting the dentist makes me scared or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't mind having teeth removed if it means I have less pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would want dentures to replace missing teeth if possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to eat whatever I want is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below to tell us more about your answers above or write any questions you have for the dentist:

Please return this form to your dentist or bring it to your next visit.

You can talk to the dentist about these answers and anything else concerning your treatment during your next visit.