

Tell Us Your Preferences

We can better recommend the most suitable preventive and corrective treatment for your individual needs, desires, and values if we understand what you want for yourself. In other words, we can't represent your best interests if we don't know what your best interests are. Please help us personalize your care to meet your expectations by indicating your preferences or opinion below (✓).

I know a great deal about my dental condition	___	___	___	___	___	___	I know very little about my dental condition
I like to be presented with fewer options	___	___	___	___	___	___	More options
I tend to look at the details	___	___	___	___	___	___	I tend to look at the big picture
I prefer long lasting solutions that may cost more	___	___	___	___	___	___	I prefer more temporary solutions at lower cost
I prefer to talk in technical terms	___	___	___	___	___	___	I prefer to talk in non-technical terms
My insurance largely determines the extent of my care	___	___	___	___	___	___	I largely determine the extent of my care
I prefer to wait until I must act	___	___	___	___	___	___	I prefer a preventive approach and usually see no reason to delay care
I rely more on self-maintenance	___	___	___	___	___	___	I rely more on professional maintenance
I like newer, more modern techniques	___	___	___	___	___	___	I prefer tried and true methods
I favor a treatment oriented approach to disease	___	___	___	___	___	___	I prefer a cause oriented approach to disease
I prefer high-tech health care	___	___	___	___	___	___	I prefer high-touch health care
I prefer an authoritarian doctor/hygienist who tells me what I need	___	___	___	___	___	___	I prefer a consultative Dr/Hyg who empowers my autonomy
I prefer to make lifestyle changes	___	___	___	___	___	___	I prefer clinical cures

In order of importance, I consider the following benefits of dental health. (Please rank 1 through 7)

___ Comfort	___ Health	___ Longevity	___ Other
___ Function	___ Appearance	___ Peace of Mind	

In order of importance, I consider the following costs regarding dental care. (Please rank 1 through 6)

___ Money	___ Fear/Anxiety	___ Physical Discomfort	___ Other
___ Time	___ Effort		