

Drs. Argeros and Plourde
Contemporary Dentistry and Implantology
113 Lowell Street
Peabody, MA 01960
978.532.0288
iwantteethnow.com
www.peabodyimplantdentist.com

Consultation Application

Patient Name: _____ Date: _____

The purpose of your complimentary consultation is to determine if you would benefit from the special methods of dentistry that we offer. Not everyone is accepted.

Please answer the following completely and thoroughly (use extra paper if needed):

1. What do you want to hear at your consultation with Dr. Argeros?

2. What is the most important thing you want to see in yourself when your dental care with us is completed?

3. What specifically happened to you that got you to call us?

4. What do you feel is your main dental problem? What do you feel is wrong?
When did it start and how long have you suffered?

5. Rate how much your dental problem effects you in each area (1 = No Effect at all, 10 it affects me very much):

Pain:___ Embarrassment:___ Eating Difficulty:___ Ability to Smile:___

6. Please list everything that you have done or tried that hasn't worked:

7. Why do you feel that right now is the time to get your problems fixed?

8. How are your dental problems affecting your everyday life?

9. If you have (circle) dentures or partials, how long have you had them? Do you wear them every day and all of the time? _____

10. Please tell us about any dental experiences that were upsetting to you.

Do you feel you suffer from these effects of missing teeth and failing teeth? (Check all that apply to you)

- Avoid eating in public
- Pain on chewing
- Difficulty in dealing with stress
- Difficulty in sleeping
- Change in foods you eat
- Face falling in
- Inconvenience
- Shrinking bone
- Must use denture adhesive
- Gag reflex
- Bad breath constantly
- Avoid being seen in public
- Anxiety about your smile
- Social embarrassment
- Difficulty swallowing
- Altered taste of food
- Nutritional disorders
- Loss of support for the face
- Ill fitting partials
- Unattractive partials

- A need to feel whole again
- Feel older than you are
- Loss of self esteem
- Unattractive smile
- Unstable dentures
- Mouth sores
- Unnatural feel
- Ashamed to smile
- Shrinking gums
- Numbness in face and lips
- Withdrawal from social interaction
- Dizziness or ringing in the ears
- Teeth are unsightly
- Avoid certain foods
- Teeth are uncomfortable
- Depressed or insecure about loss of teeth
- I chew better without my partials or dentures
- Difficulty in dating or sex life because of your teeth
- Teeth don't look real
- Difficulty chewing
- Difficulty speaking
- Burning sensations
- Limitation on foods that I can eat
- Increased wrinkles
- Digestive disorders
- Headaches
- Food trapped between / under your teeth
- Teeth grinding
- Teeth move so much I don't wear them
- Avoid foods I would like to have
- Jaw is sore
- Previous bad dental experiences
- Difficulty in adjusting to life without your own teeth

Please turn to next page.