



Pre-Need Questionnaire for Children

The purpose of this questionnaire is to learn more about your child before beginning his/her dental care. Your answers will help to make your child's visits to the dentist more predictable and productive.

1. Is this your child's first visit to a dental office? YES ____ NO ____
2. If not, how would you describe your child's previous visits _____

3. How long is your child's attention span at home (other than TV watching)? _____

4. Does your child have any pets, hobbies, special interests or recent accomplishments? If yes, please list

5. Is there any additional information that might help us in treating your child? _____
