

Robert Salituro, DDS



Family & Cosmetic Dentistry

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Please Handle Me With Care

Please circle the number next to the statements that concern you or describes your situation.

1. I have not been to the dentist for a long time, and I feel worried about what you will say about my teeth and my oral hygiene.
2. My teeth are very sensitive.
3. Pain relief is a top priority for me.
4. I'm very anxious about injections.
5. I feel out of control in the dental chair (or I have an extreme problem with lying down).
6. I gag easily.
7. I hate the noise of dental instruments.
8. Please tell me about the treatment options and the ways these can be carried out.
9. I need to know that you will stop when I give a pre-agreed "stop" signal during treatment.
10. It would help me if you could explain to me what you are doing and why.
11. I have health problems that we need to discuss.
12. There are other issues I'd like to talk about that aren't covered on this form.
13. I faint at the site of blood or needles.
14. I would prefer to use distractions if possible, such as listening to earphones or the TV.
15. I would prefer to schedule an appointment with a professional counselor on staff to work through my dental fears or phobias. I realize this is a separate appointment that will incur costs.