Hackenthorpe Dental Health Centre

Dr Andrew Cadman BDS
Hackenthorpe Dental Health Centre,
Main Street, Hackenthorpe,
Sheffield, S12 4LB

Smile Assessment

Dr Mr Mrs Ms Miss

First Name ______________________ Surname ______________________

Date of Birth ______________________

Address ____

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Postcode ______________________

Email Address ____

Please consider these statements carefully and circle your response

I'm concerned about the appearance of my teeth or my smile	Yes	No
I'm concerned about the whiteness of one or more of my teeth	Yes	No
I'm concerned about the straightness of one or more of my teeth	Yes	No
I'm concerned about the shape of one or more of my teeth	Yes	No
I have old fillings and would like to replace them with white fillings	Yes	No
I have had previous dental treatment that is no longer satisfactory	Yes	No
My gums bleed when I brush my teeth and I get a bad taste in my mouth	Yes	No

Please indicate if any of the following are concerns you have regarding dental treatment:

[ ] Fear of Treatment [ ] Time of treatment concerns [ ] Financial concerns

[ ] Distance to Dentist [ ] Not understanding treatment [ ] Embarrassment

Which statement most accurately reflects the treatment you are looking for? Please tick one statement:

[ ] I am looking for NHS dental care for myself or my family

[ ] I am looking for some NHS treatment but would like to know more about private dentistry services

[ ] I am looking to be seen as a private patient