



## Handle Me With Care Form

- I gag easily.
  - I feel out of control when I am lying down in the dental chair.
  - I have not been to the dentist for a long time and I feel uncomfortable about what you will say or think about my teeth and my dental hygiene.
  - I know I have bad habits that are causing harm to my dental health. I am afraid I might not be able to break them.
  - Pain relief is a top priority to me.
  - I don't like shots, or I've had a bad reaction to shots.
  - Please tell me what I need to know about my mouth so I can make an informed decision.
  - My teeth are very sensitive.
  - I don't like the sound of that tool that makes the picking and scraping noise.
  - I don't like cotton in my mouth.
  - I hate the noise of the drill.
  - I don't like the dental office smells.
  - Please respect my time. I don't want to be left sitting in the reception area.
  - I want to know the cost up front. No money surprises, please.
  - I have difficulty listening and remembering what I hear while sitting in the dental chair.
  - I have health problems and questions that we need to discuss.
  - I don't like being left alone in the treatment area.
  - I have problems with my back.
  - I don't like the chair tipped back too far.
  - I do not like to see dental instruments.
  - I need to talk to you first, without sitting in the dental chair.
  - Other concerns I would like to talk about (Please specify): \_\_\_\_\_
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