

Smiles

## Welcome to Smiles by Dr. Goodlin

Today's Date \_\_\_\_\_  
Month, Day, Year

### About You:

\_\_\_\_\_

Last Name,

\_\_\_\_\_

First name

\_\_\_\_\_

Mid Initial

\_\_\_\_\_

I like to be called

\_\_\_\_\_

Street Address

\_\_\_\_\_

Town

\_\_\_\_\_

Province

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Birth day Month

\_\_\_\_\_

Day

\_\_\_\_\_

Year

\_\_\_\_\_

Name of Spouse

\_\_\_\_\_

Names of children

\_\_\_\_\_

Name of Employer

\_\_\_\_\_

Job Description

\_\_\_\_\_

How did you find out about Dr. Goodlin?

\_\_\_\_\_

Please list your hobbies and interests

\_\_\_\_\_

Home Phone number

\_\_\_\_\_

Work Phone number

\_\_\_\_\_

Cell Phone number

\_\_\_\_\_

E mail address

### About Going to the Dentist:

*How do you feel about going to the dentist?* \_\_\_\_\_

*Why did you leave your last dentist?* \_\_\_\_\_

*What did you like the most about your last dentist?* \_\_\_\_\_

*What did you like the least about your last dentist?* \_\_\_\_\_

### What are your goals for your teeth, gums, mouth, smile?

Is there anything else you want us to know? Any specific concerns?