



CUSTOMIZED PERSONALITY PROFILE

To serve you better and to give you the individual attention you deserve, please check all the appropriate items below.

I have a fear of or concern about:

- Experiencing pain
- Not being numb
- Needles
- Unnecessary or wrong treatment
- Gagging
- Losing control
- Having something put over my mouth
- Being scolded or made to feel ashamed
- Catching a disease
- Losing my teeth
- Having to wear a denture or partial
- Other _____

The following makes me uncomfortable:

- The sounds of a dental drill
- Laying down in a dental chair
- The smells in a dental office
- Being numb
- Having to wait in the reception area
- Other _____

To understand what's going on in my mouth, my preference is:

- To know all the details
- To be given the bottom line
- To be shown pictures and movies
- To talk with a team member about solutions to my problems

My dental experiences as an adult have been:

- Completely pain-free and comfortable
- Somewhat uncomfortable
- Painful
- Traumatic
- I have not seen the dentist as an adult or my visits have been very few

When I think about coming to the dentist, I feel:

- Comfortable - I have no anxiety about seeing the dentist or dental procedures
- Anxious - I don't want to come but I make myself, however I am seldom comfortable
- Fearful - I have stayed away from the dentist because of my fear and avoid coming unless absolutely necessary
- Extremely Fearful - I cannot cope with dental visits and have avoided the dentist for years to the detriment of my dental health

I have avoided the dentist because of:

- Anxiety and fear
- Budget concerns
- Time concerns
- No sense of urgency
- Lack of trust
- Other _____

My childhood dental experiences were:

- Completely pain-free and comfortable
- Somewhat uncomfortable
- Painful
- Traumatic
- I did not go to the dentist as a child

My immediate concern about my teeth and my smile is _____

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