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TELL US ABOUT YOUR CHILD!

It is important to children that they are treated with fairness, respect and trust. Often *talking about their world* outside of the dental office instills those feelings better than any other means. Getting to know your child is also fun for us! In an effort to get to know your child better, please answer the following:

Parent(s): _____

Child's Full Name: _____

Nickname: _____ **School:** _____

| Siblings: | Name: | Age: |
|------------------|--------------|-------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

Hobbies/Activities/Interests:

What is your child's greatest concern in coming to the dentist?

Please circle any of the following words that may describe your child:

| | | | |
|--------------|-------------|-----------------|--------------|
| Determined | takes risks | good listener | reserved/shy |
| Self-reliant | fun loving | thoughtful | practical |
| Competitive | creative | sympathetic | detailed |
| Leader | optimistic | avoids conflict | orderly |

Please list in order from 1-6 (1=lowest, 6=highest), what is most important to you in the dental care of your child:

- _____ Addressing and fixing the problem I came for
- _____ Overall health of my child
- _____ Financial arrangements and cost of care
- _____ Teaching my child how to be a good patient
- _____ Becoming educated regarding my child's oral health.
- _____ Establishing a preventative program of dental care.
- _____ Other _____