

## Please Handle Me With Care Form

Print out this form, bring it to your next dental appointment and share the information with your dental team. Put a checkmark next to the statement that concerns you or describes your problem.

\_\_\_\_\_ I gag easily.

\_\_\_\_\_ I feel out of control when I'm 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 about my teeth and my dental hygiene.

\_\_\_\_\_ Pain relief is a top priority for me.

\_\_\_\_\_ I don't like needles (or I've had a bad reaction to shots).

\_\_\_\_\_ Please tell me what I need to know about my mouth in order to 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. It's like someone is scratching fingernails on a blackboard.

\_\_\_\_\_ I don't like cotton in my mouth.

\_\_\_\_\_ I hate the noise of the drill.

\_\_\_\_\_ Please respect my time. I don't want to be left sitting in the reception area.

\_\_\_\_\_ 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.