



Susan M. Pincofski, D.M.D.
Patient Questionnaire

Name: _____

1. What would you like us to call you? _____
 2. Do you have any brothers or sisters? What are their names and how old are they? _____

 3. Do you have any pets? What are their names? _____

 4. Which school do you go to? _____
 5. What is your favorite subject (besides lunch) _____
 6. What is your hobby? _____
 7. What is your favorite sport? _____ Are you on any teams? _____
 8. Which is your favorite TV show? _____
 9. WHY is it your favorite show? _____

 10. What instrument do you play? _____

 11. What do you think is wrong with your teeth? _____

 12. How do you feel about getting braces or a retainer? _____

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