

119 East Main Street  
Gouverneur, NY 13642  
[asknfgdds@gmail.com](mailto:asknfgdds@gmail.com)



[www.nfgdds.com](http://www.nfgdds.com)  
315-287-7900  
315-287-4789 (fax)

**Nicholas F. Gardner DDS □ General Dentistry**

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Person Responsible for Account: \_\_\_\_\_  
Do you have dental insurance? Y N Name of Company : \_\_\_\_\_ Policy Number \_\_\_\_\_  
Do you have health insurance? Y N Name of Company : \_\_\_\_\_ Policy Number \_\_\_\_\_  
How did you hear about Dr. Gardner? \_\_\_\_\_  
Whom may we thank for this referral? \_\_\_\_\_

**My Dental Health: please circle one choice.**

- |                     |  |                                     |   |
|---------------------|--|-------------------------------------|---|
| 1. My mouth is..... | A.) very comfortable<br>B.) comfortable<br>C.) uncomfortable   | 6. I have...                        | A.) put dentistry for myself and my family high on my priority list<br>B.) put dentistry for myself and my family low on my priority list |
| 2. I...             | A.) think the appearance of my mouth is excellent<br>B.) think the appearance of my mouth is just okay<br>C.) do not like the appearance of my mouth   | 7. I think my dental health is..... | A.) excellent<br>B.) good<br>C.) poor   |
| 3. I...             | A.) will do anything to keep my natural teeth<br>B.) want to keep my teeth, but have a certain budget of time and money I am willing to spend on them<br>C.) don't care whether I keep my teeth or not | 8. I want a mouth with...           | A.) excellent health<br>B.) good health<br>C.) poor health  |
| 4. I...             | A.) have set goals for my oral health in the past<br>B.) have NOT set goals for my oral health in the past but would like to<br>C.) do NOT want to set goals for my oral health                        | 9. What are your main concerns?     | _____<br>_____<br>_____<br>_____<br>_____   |
| 5. I...             | A.) have always done the best that was recommended for my dental health<br>B.) have not done what dentists have recommended for my mouth   |                                     |   |

