

## PATIENT MOTIVATION FOR TREATMENT

Patients often request changes in their bites or faces and relief from pain or discomfort. Please help us understand your problem by checking the following information; please be specific (circle the words *more, less, forward, backward, longer, shorter, etc.*)

### 1. THE TEETH

If your teeth could be changed, how would you like them to change?

- straighten the front teeth                      upper / lower
- straighten the back teeth                      upper / lower
- make the upper front teeth                      longer / shorter
- move upper teeth                                  forward / backward
- move lower teeth                                  forward / backward
- make the line of the upper front teeth more level
- other

### 2. THE FACE

If your facial appearance could be changed, what would you change?

- get rid of sag under lower jaw
- move chin      forward / backward
- move chin      left / right      to center it
- move lower lip      forward / backward
- move upper lip      forward / backward
- move the area around the nose      forward / backward
- make the profile of my nose      longer / shorter
- move the area under my eyes      forward / backward
- make the cheekbones larger / smaller
- show more / less of my teeth / gums when I smile
- make my lips closer together / farther apart when my teeth are touching
- make my lips not touch and roll out when my teeth are touching
- reduce the strain in my chin / lips when I close my lips
- make my face more narrow / wide
- reduce the width / fullness of my lower jaw behind my mouth
- other:

### 3. SYMPTOMS

If you want to reduce pain or discomfort where would it be located? Please be specific about the location; circle the right side, left side, or both if they apply.

- in front of my ears      right / left      ( ) teeth
- below my ears      right / left      ( ) sinuses
- above my ears      right / left      ( ) other:
- in my ears      right / left
- neck      right / left
- shoulders      right / left
- temples      right / left
- eyes      right / left

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_