

Dental Anxiety Assessment Form

Full Name

Age

Contact Information

How do you feel about visiting the dentist?

- ☐ Not nervous
- ☐ Slightly nervous
- ☐ Fairly nervous
- ☐ Very nervous

How anxious do you feel prior to a dental appointment?

- ☐ No anxiety
- ☐ Mild anxiety
- ☐ Moderate anxiety
- ☐ Severe anxiety

What specific dental procedures make you anxious? (Select all that apply)

- ☐ Cleaning
- ☐ Filling
- ☐ Extraction
- ☐ Root canal
- ☐ Other

Please describe any previous negative dental experiences

Would you like sedation options to help ease your anxiety?

- ☐ Yes
- ☐ No

Any specific concerns or questions?

