**DAVID M. JULIANI D.D.S P.L.L.C**

DENTAL HISTORY QUESTIONNAIRE

1. *What type of dental treatment have you had in the past?*

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1. *Have you ever had a negative experience in a dental office?*

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1. *Have you ever had gum problems or gum surgery?*

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1. *What improvements would you make in your teeth if you could change anything?*

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1. *Is there anything that would stand in your way of getting the proper dentistry you need?*

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1. *On a scale of 1-10, with 10 being extremely happy, how happy are you with your smile?*

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1. *Do you have any questions you would like to ask the doctor or hygienist?*

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1. *Have you ever had a sleep study?*

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1. *Have you ever been told you are a loud snorer?*

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1. *Do you wake up gasping or chocking for air during sleep?*

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1. *Do you experience daytime sleepiness?*

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1. *Are you a restless sleeper?*

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